

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

PENNSYLVANIA

Part 3
PHILIPSBURG to ZELIENOPLE

87/88



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RA997
.M43
1988
Pennsylvania
Pt. 3

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

PENNSYLVANIA

Part 3

PHILIPSBURG TO ZELIENOPLE

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

Table of Contents

	Page
Introduction	I
Uses and Limitations	II
Description of the Survey and Certification Process	IV
Sources of Information	V
Further Considerations	XIII
Glossary of Terms	XVI
How to Read the Information	XVIII
Nursing Home Profiles	1



INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



Department of Health

HARRISBURG

Overview of Nursing Home Licensure Program

Nursing homes are licensed in Pennsylvania by the Division of Long Term Care in the Department of Health in accordance with the Health Care Facilities Act (136-1980). The law provides for licensure periods of up to one year when an inspection by the Department confirms that the patient care and services provided by the home are acceptable.

No distinction is made between levels of care for state licensure; one set of licensure regulations apply to all nursing homes operated in the state. Inspections (surveys) are conducted annually by health care professionals who are predominantly registered nurses.

Pennsylvania's regulations were upgraded in 1987 and include a provision for 24-hour coverage by a registered nurse in all nursing homes. There are 679 nursing homes in Pennsylvania serving more than 86,000 residents.

Overview of Enforcement System

When substandard conditions are found in any facility, the nursing home must submit a plan to correct the conditions to the Department. The Department monitors compliance with the plan to correct deficiencies and may also apply a variety of sanctions as provided in state law.

Provisional Licenses - May be issued for periods of time up to six months. Only four consecutive provisional licenses may be issued.

Bans - Prohibiting the admission of patients may be applied.

Civil Penalties - May be levied at \$100 per day per deficiency until deficiencies are corrected.

Licensure Revocation - Orders withdrawing licenses to operate may be issued.

Appointment of Master - The Department may petition the court to appoint a Master (operator) for the facility.

During the calendar year 1987, 98 Provisional Licenses were issued, admissions were banned in 24 facilities, Civil Penalties were levied to 10 facilities, and 5 licenses were revoked.



Department of Health

HARRISBURG

Resources Available to Consumers

- State survey agencies: Joyce McNamara, R.N., Director
Division of Long Term Care
Pennsylvania Department of Health
Room 526 Health and Welfare Building
Harrisburg, PA 17120
(717) 787-1816

The Division is responsible for licensure/certification of nursing homes.

- State Office on Aging: Pennsylvania Department of Aging
6th Floor Barto Building, 231 State Street
Harrisburg, PA 17120
(717) 783-1550
- Ombudsman program: Laurie Sisak
Pennsylvania Department of Aging
Bureau of Advocacy
5th Floor Barto Building, 231 State Street
Harrisburg, PA 17101
(717) 783-7247

In Pennsylvania, the Ombudsman Program is under the auspices of the Department of Aging and operated through the Area Agencies for Aging in each county. An interagency agreement between the Departments of Health and Aging provide for the referral and investigation of complaints and the sharing of information between agencies.

- Complaint units or "hot lines": Governor's Hotline, 1-800-932-0784
- Medicaid fraud unit: Charles P. Mackin, Jr., Director
Medicaid Fraud Control Section
Office of Attorney General
16th Floor Strawberry Square Building
Harrisburg, PA 17120
(717) 783-1480
- Nursing home survey results: Division of Long Term Care
526 Health and Welfare Building
Harrisburg, PA 17120
(717) 787-1816
- Medicare/Medicaid Certification data: U.S. Department of Health and Human Services
Health Care Financing Administration
Region III
P.O. Box 7760, 3535 Market Street
Philadelphia, PA 19101
(215) 596-6571

P.O. BOX 90, HARRISBURG, PA 17108

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home			
Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory

Street Address: Self-explanatory

City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are “private;” these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE

PRESBYTERIAN HM MOSHANNON VALLEY

Street Address:		City and State:	
200 MEDICAL CNTR DR PO BOX 551		PHILIPSBURG PA 16866	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
90		3		47	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	82.2	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		83	92.2	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	74.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	98.9	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		70	77.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	18.9	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		11	12.2	52.1	50.8
Residents requiring restraints.		54	60.0	40.3	41.3
Confused or disoriented residents.		64	71.1	57.4	58.4
Residents with bed sores.		9	10.0	7.8	7.1
Residents receiving special skin care.		18	20.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PHOENIXVILLE CONV MANOR

Street Address:		City and State:	
833 S MAIN ST		PHOENIXVILLE PA 19460	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	144	PROPRIETARY	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
138	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	74.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	77.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	79.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	73.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	94	68.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	34.8	34.9	37.7
Completely bedfast residents.	3	2.2	2.3	3.4
Residents confined to chairs.	60	43.5	52.1	50.8
Residents requiring restraints.	46	33.3	40.3	41.3
Confused or disoriented residents.	84	60.9	57.4	58.4
Residents with bed sores.	11	8.0	7.8	7.1
Residents receiving special skin care.	38	27.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANGELUS CONV CNTR INC

Street Address:		City and State:	
200 AMBER ST		PITTSBURGH PA 15206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
74		1		38	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	81.1	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		63	85.1	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		61	82.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	64.9	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		58	78.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.		5	6.8	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		26	35.1	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		36	48.6	52.1	50.8
Residents requiring restraints.		34	45.9	40.3	41.3
Confused or disoriented residents.		28	37.8	57.4	58.4
Residents with bed sores.		12	16.2	7.8	7.1
Residents receiving special skin care.		18	24.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BALDWIN HLTH CNTR INC

Street Address: 1717 SKYLINE DR		City and State: PITTSBURGH PA 15227	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	Medicare Residents: 0	Medicaid Residents: 0		
---	---------------------------------	---------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	3	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	3	100	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	100	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	66.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	1	33.3	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	0	0.0	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAPTIST HOMES NURSING CENTER

Street Address:		City and State:	
489 CASTLE SHANNON BLVD		PITTSBURGH PA 15234	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	126	NON-PROFIT RELIGIOUS	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
122	2	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	90.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	97.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	89.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	93.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	96.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	29.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	74	60.7	52.1	50.8
Residents requiring restraints.	69	56.6	40.3	41.3
Confused or disoriented residents.	69	56.6	57.4	58.4
Residents with bed sores.	2	1.6	7.8	7.1
Residents receiving special skin care.	5	4.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CANTERBURY PLACE

Street Address: 4001 PENN AVE		City and State: PITTSBURGH PA 15224	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 28	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	Medicare Residents: 0	Medicaid Residents: 12	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	95.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	95.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	95.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	83.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	4.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	79.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	5	20.8	52.1	50.8
Residents requiring restraints.	6	25.0	40.3	41.3
Confused or disoriented residents.	19	79.2	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	24	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLLINS NRSG HM

Street Address:		City and State:	
5511 BAUM BLVD		PITTSBURGH PA 15232	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	71	PROPRIETARY	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
69	0	65	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	55.1	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	57	82.6	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	68.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	72.5	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	63.8	62.4	59.1
Residents on individually written bowel and bladder retraining program.	7	10.1	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	26.1	29.6	29.3
Completely bedfast residents.	1	1.4	2.1	3.6
Residents confined to chairs.	31	44.9	35.3	39.1
Residents requiring restraints.	23	33.3	32.9	31.7
Confused or disoriented residents.	52	75.4	59.3	55.8
Residents with bed sores.	2	2.9	3.2	4.7
Residents receiving special skin care.	14	20.3	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FORBES CTR FOR GERONTOLOGY

Street Address:		City and State:	
6655 FRANKSTOWN AVE		PITTSBURGH PA 15206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	134	NON-PROFIT OTHER	06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	10	28		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	68.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	88.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	88.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	87.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	80.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	36.5	34.9	37.7
Completely bedfast residents.	15	13.0	2.3	3.4
Residents confined to chairs.	86	74.8	52.1	50.8
Residents requiring restraints.	17	14.8	40.3	41.3
Confused or disoriented residents.	83	72.2	57.4	58.4
Residents with bed sores.	6	5.2	7.8	7.1
Residents receiving special skin care.	115	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSHIP VILLAGE SOUTH HILLS

Street Address: 1290 BOYCE RD		City and State: PITTSBURGH PA 15241	
Participation: MEDICARE SNF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 1	Medicaid Residents: 0
--	-------------------------------------	-------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing Residents requiring some or total assistance in bathing.	32	80.0	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	34	85.0	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	34	85.0	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	65.0	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	72.5	68.3	68.2
 Residents on individually written bowel and bladder retraining program.	5	12.5	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	62.5	34.9	37.7
 Completely bedfast residents.	2	5.0	2.3	3.4
 Residents confined to chairs.	14	35.0	52.1	50.8
 Residents requiring restraints.	14	35.0	40.3	41.3
 Confused or disoriented residents.	23	57.5	57.4	58.4
 Residents with bed sores.	5	12.5	7.8	7.1
 Residents receiving special skin care.	40	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE SHADYSIDE

Street Address:		City and State:	
5701 PHILLIPS AVE		PITTSBURGH PA 15217	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	159	NON-PROFIT OTHER	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
35		4		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		31	88.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		31	88.6	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		25	71.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		25	71.4	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		20	57.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	37.1	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		8	22.9	52.1	50.8
Residents requiring restraints.		16	45.7	40.3	41.3
Confused or disoriented residents.		14	40.0	57.4	58.4
Residents with bed sores.		5	14.3	7.8	7.1
Residents receiving special skin care.		9	25.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEFFERSON HILLS MANOR

Street Address: PO BOX 10805		City and State: PITTSBURGH PA 15236	
Participation: MEDICARE SNF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 9	Medicare Residents: 2	Medicaid Residents: 0	
---	-------------------------------------	-------------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	88.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	88.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	77.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	77.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	77.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	33.3	34.9	37.7
Completely bedfast residents.	2	22.2	2.3	3.4
Residents confined to chairs.	6	66.7	52.1	50.8
Residents requiring restraints.	2	22.2	40.3	41.3
Confused or disoriented residents.	3	33.3	57.4	58.4
Residents with bed sores.	2	22.2	7.8	7.1
Residents receiving special skin care.	2	22.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HM HOSP FOR AGED AT PITTSBURGH

Street Address:		City and State:	
4724 BROWNS HILL RD		PITTSBURGH PA 15217	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	408	NON-PROFIT PRIVATE	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
363	6	269

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	284	78.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	271	74.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	209	57.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	254	70.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	196	54.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	12	3.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	86	23.7	34.9	37.7
Completely bedfast residents.	3	0.8	2.3	3.4
Residents confined to chairs.	183	50.4	52.1	50.8
Residents requiring restraints.	115	31.7	40.3	41.3
Confused or disoriented residents.	204	56.2	57.4	58.4
Residents with bed sores.	28	7.7	7.8	7.1
Residents receiving special skin care.	64	17.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

JOHN J KANE RGNL CNTR GLEN HAZEL

Street Address:		City and State:	
955 RIVERMONT DR		PITTSBURGH PA 15207	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	360	NON-PROFIT OTHER	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
333	6	327	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	274	82.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	314	94.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	296	88.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	302	90.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	291	87.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	2.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	184	55.3	34.9	37.7
Completely bedfast residents.	11	3.3	2.3	3.4
Residents confined to chairs.	247	74.2	52.1	50.8
Residents requiring restraints.	198	59.5	40.3	41.3
Confused or disoriented residents.	172	51.7	57.4	58.4
Residents with bed sores.	45	13.5	7.8	7.1
Residents receiving special skin care.	125	37.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

JOHN J. KANE REG CTR - ROSS TWP

Street Address:		City and State:	
110 MCINTYRE RD		PITTSBURGH PA 15237	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	360	LOCAL GOVERNMENT	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
353	0	353			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		306	86.7	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		336	95.2	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		317	89.8	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		320	90.7	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		279	79.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		8	2.3	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		153	43.3	34.9	37.7
Completely bedfast residents.		2	0.6	2.3	3.4
Residents confined to chairs.		297	84.1	52.1	50.8
Residents requiring restraints.		243	68.8	40.3	41.3
Confused or disoriented residents.		200	56.7	57.4	58.4
Residents with bed sores.		49	13.9	7.8	7.1
Residents receiving special skin care.		124	35.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KANE REGIONAL CNTR SCOTT TWNSP

Street Address:		City and State:	
300 KANE BLVD		PITTSBURGH PA 15243	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	360	LOCAL GOVERNMENT	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
355	0	355	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	335	94.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	330	93.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	327	92.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	324	91.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	312	87.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	2.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	173	48.7	34.9	37.7
Completely bedfast residents.	16	4.5	2.3	3.4
Residents confined to chairs.	312	87.9	52.1	50.8
Residents requiring restraints.	166	46.8	40.3	41.3
Confused or disoriented residents.	236	66.5	57.4	58.4
Residents with bed sores.	79	22.3	7.8	7.1
Residents receiving special skin care.	101	28.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LADIES G A R HOME

Street Address:		City and State:	
2622 WOODSTOCK AVE		PITTSBURGH PA 15218	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	66	NON-PROFIT OTHER	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	66.2	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	70.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	49.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	46.2	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	64.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.5	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.9	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	24	36.9	35.3	39.1
Residents requiring restraints.	31	47.7	32.9	31.7
Confused or disoriented residents.	39	60.0	59.3	55.8
Residents with bed sores.	2	3.1	3.2	4.7
Residents receiving special skin care.	25	38.5	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NSG REHAB CNTR OF GREEN TREE

Street Address:		City and State:	
1848 GREENTREE RD		PITTSBURGH PA 15220	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
18	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	18	100	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	100	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	16.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	77.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	10	55.6	52.1	50.8
Residents requiring restraints.	12	66.7	40.3	41.3
Confused or disoriented residents.	18	100	57.4	58.4
Residents with bed sores.	2	11.1	7.8	7.1
Residents receiving special skin care.	7	38.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEMINGTON HOME FOR THE AGED

Street Address: 1625 LINCOLN AVE.		City and State: PITTSBURGH PA 15206	
Participation: MEDICAID ICF	# of Beds: 180	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 05/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 168	Medicare Residents: 0	Medicaid Residents: 153	
---	-------------------------------------	---------------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	91.1	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	149	88.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	138	82.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	83.9	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	78.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.	5	3.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	18.5	29.6	29.3
Completely bedfast residents.	2	1.2	2.1	3.6
Residents confined to chairs.	52	31.0	35.3	39.1
Residents requiring restraints.	48	28.6	32.9	31.7
Confused or disoriented residents.	99	58.9	59.3	55.8
Residents with bed sores.	8	4.8	3.2	4.7
Residents receiving special skin care.	49	29.2	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE SISTERS OF THE POOR

Street Address:		City and State:	
1028 BENTON AVE		PITTSBURGH PA 15212	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	65	NON-PROFIT OTHER	03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
61	0	53			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	83.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		50	82.0	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		36	59.0	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	68.9	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		36	59.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		9	14.8	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	23.0	34.9	37.7
Completely bedfast residents.		1	1.6	2.3	3.4
Residents confined to chairs.		26	42.6	52.1	50.8
Residents requiring restraints.		25	41.0	40.3	41.3
Confused or disoriented residents.		35	57.4	57.4	58.4
Residents with bed sores.		4	6.6	7.8	7.1
Residents receiving special skin care.		9	14.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARIAN MANOR INC

Street Address:		City and State:	
2695 W WINCHESTER DR		PITTSBURGH PA 15220	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	122	NON-PROFIT RELIGIOUS	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
120	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	99.2	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	113	94.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	114	95.0	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	94.2	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	94.2	62.4	59.1
Residents on individually written bowel and bladder retraining program.	3	2.5	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	52.5	29.6	29.3
Completely bedfast residents.	4	3.3	2.1	3.6
Residents confined to chairs.	38	31.7	35.3	39.1
Residents requiring restraints.	67	55.8	32.9	31.7
Confused or disoriented residents.	85	70.8	59.3	55.8
Residents with bed sores.	5	4.2	3.2	4.7
Residents receiving special skin care.	46	38.3	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT LEBANON MANOR CONVAL CTR

Street Address:		City and State:	
350 OLD GILKESON RD		PITTSBURGH PA 15228	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
111		2		67	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		95	85.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		100	90.1	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		94	84.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		87	78.4	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		90	81.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.		5	4.5	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	29.7	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		40	36.0	52.1	50.8
Residents requiring restraints.		75	67.6	40.3	41.3
Confused or disoriented residents.		80	72.1	57.4	58.4
Residents with bed sores.		7	6.3	7.8	7.1
Residents receiving special skin care.		48	43.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEGLEY HOUSE INC

Street Address:		City and State:	
550 S NEGLEY AVE		PITTSBURGH PA 15232	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	224	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
203	7	130		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	165	81.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	169	83.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	162	79.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	77.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	162	79.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	2.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	27.6	34.9	37.7
Completely bedfast residents.	6	3.0	2.3	3.4
Residents confined to chairs.	124	61.1	52.1	50.8
Residents requiring restraints.	72	35.5	40.3	41.3
Confused or disoriented residents.	141	69.5	57.4	58.4
Residents with bed sores.	26	12.8	7.8	7.1
Residents receiving special skin care.	57	28.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REFORMED PRESBYTERIAN HM FOR THE AGE

Street Address:		City and State:	
2344 PERRYVILLE AVE		PITTSBURGH PA 15214	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	58	NON-PROFIT PRIVATE	01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	62.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	89.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	78.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	71.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	42.9	34.9	37.7
Completely bedfast residents.	3	5.4	2.3	3.4
Residents confined to chairs.	19	33.9	52.1	50.8
Residents requiring restraints.	30	53.6	40.3	41.3
Confused or disoriented residents.	26	46.4	57.4	58.4
Residents with bed sores.	1	1.8	7.8	7.1
Residents receiving special skin care.	10	17.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHADYSIDE MANOR

Street Address: 5609 5TH AVE		City and State: PITTSBURGH PA 15232	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
131	5	111			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		112	85.5	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		118	90.1	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		118	90.1	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		112	85.5	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		105	80.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.		3	2.3	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		81	61.8	34.9	37.7
Completely bedfast residents.		8	6.1	2.3	3.4
Residents confined to chairs.		103	78.6	52.1	50.8
Residents requiring restraints.		64	48.9	40.3	41.3
Confused or disoriented residents.		96	73.3	57.4	58.4
Residents with bed sores.		22	16.8	7.8	7.1
Residents receiving special skin care.		34	26.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKYVUE TERRACE

Street Address: 2170 RHINE ST		City and State: PITTSBURGH PA 15212	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	Medicare Residents: 1	Medicaid Residents: 57	
--	-------------------------------------	--------------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	70.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	86.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	76.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	80.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	74.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	9.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	69	71.9	52.1	50.8
Residents requiring restraints.	12	12.5	40.3	41.3
Confused or disoriented residents.	72	75.0	57.4	58.4
Residents with bed sores.	9	9.4	7.8	7.1
Residents receiving special skin care.	3	3.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHWESTERN NSG HM + REHAB CNTR

Street Address: 500 LEWIS RUN RD BOX 18056		City and State: PITTSBURGH PA 15236	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3		Medicare Residents: 0		Medicaid Residents: 2	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		3	100	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		3	100	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		3	100	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		3	100	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		2	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		0	0.0	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		1	33.3	52.1	50.8
Residents requiring restraints.		0	0.0	40.3	41.3
Confused or disoriented residents.		1	33.3	57.4	58.4
Residents with bed sores.		0	0.0	7.8	7.1
Residents receiving special skin care.		2	66.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPH NSG + HLTH CARE CTR

Street Address:		City and State:	
5324 PENN AVE		PITTSBURGH PA 15224	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	158	NON-PROFIT RELIGIOUS	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
156	5	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	143	91.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	136	87.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	87.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	91.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	89.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	9.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	91	58.3	34.9	37.7
Completely bedfast residents.	3	1.9	2.3	3.4
Residents confined to chairs.	130	83.3	52.1	50.8
Residents requiring restraints.	106	67.9	40.3	41.3
Confused or disoriented residents.	119	76.3	57.4	58.4
Residents with bed sores.	16	10.3	7.8	7.1
Residents receiving special skin care.	35	22.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED METHODIST HLTH CTR INC

Street Address: 700 BOWER HILL RD		City and State: PITTSBURGH PA 15243	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 145	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	Medicare Residents: 10	Medicaid Residents: 41	
---	----------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	89.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	92.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	87.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	82.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	70.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	6.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	26.6	34.9	37.7
Completely bedfast residents.	6	4.3	2.3	3.4
Residents confined to chairs.	78	56.1	52.1	50.8
Residents requiring restraints.	71	51.1	40.3	41.3
Confused or disoriented residents.	85	61.2	57.4	58.4
Residents with bed sores.	3	2.2	7.8	7.1
Residents receiving special skin care.	39	28.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA DEMARILLAC

Street Address:		City and State:	
300 STANTON AVE		PITTSBURGH PA 15206	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	NON-PROFIT RELIGIOUS	06/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	61.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	89.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	75.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	57.1	34.9	37.7
Completely bedfast residents.	2	4.1	2.3	3.4
Residents confined to chairs.	20	40.8	52.1	50.8
Residents requiring restraints.	10	20.4	40.3	41.3
Confused or disoriented residents.	31	63.3	57.4	58.4
Residents with bed sores.	2	4.1	7.8	7.1
Residents receiving special skin care.	2	4.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

VINCENTIAN HOME FOR CHRONICALLY ILL

Street Address:		City and State:	
PERRYMONT ROAD		PITTSBURGH PA 15237	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	219	NON-PROFIT RELIGIOUS	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
208	1	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	61.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	190	91.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	171	82.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	199	95.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	163	78.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	4.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	107	51.4	34.9	37.7
Completely bedfast residents.	7	3.4	2.3	3.4
Residents confined to chairs.	101	48.6	52.1	50.8
Residents requiring restraints.	116	55.8	40.3	41.3
Confused or disoriented residents.	133	63.9	57.4	58.4
Residents with bed sores.	12	5.8	7.8	7.1
Residents receiving special skin care.	65	31.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WIGHTMAN CNTR FOR NRSG + REHAB

Street Address:		City and State:	
2025 WIGHTMAN ST		PITTSBURGH PA 15217	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	181	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
143	9	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	73.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	86.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	69.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	71.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	111	77.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	49.7	34.9	37.7
Completely bedfast residents.	8	5.6	2.3	3.4
Residents confined to chairs.	78	54.5	52.1	50.8
Residents requiring restraints.	76	53.1	40.3	41.3
Confused or disoriented residents.	68	47.6	57.4	58.4
Residents with bed sores.	17	11.9	7.8	7.1
Residents receiving special skin care.	99	69.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEY VILLAGE

Street Address:		City and State:	
LAFLIN ROAD		PITTSTON PA 18640	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	183	NON-PROFIT RELIGIOUS	05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
180	6	107		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	88.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	90.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	71.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	75.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	116	64.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	59	32.8	34.9	37.7
Completely bedfast residents.	11	6.1	2.3	3.4
Residents confined to chairs.	87	48.3	52.1	50.8
Residents requiring restraints.	84	46.7	40.3	41.3
Confused or disoriented residents.	81	45.0	57.4	58.4
Residents with bed sores.	12	6.7	7.8	7.1
Residents receiving special skin care.	37	20.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COVENTRY MANOR NSG HM

Street Address:		City and State:	
STAR RTE CHESTNUT HILL RD		POTTSTOWN PA 19464	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	41	PROPRIETARY	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
41	0	27	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	27	65.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	68.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	70.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	63.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	61.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	29.3	34.9	37.7
Completely bedfast residents.	2	4.9	2.3	3.4
Residents confined to chairs.	21	51.2	52.1	50.8
Residents requiring restraints.	5	12.2	40.3	41.3
Confused or disoriented residents.	22	53.7	57.4	58.4
Residents with bed sores.	6	14.6	7.8	7.1
Residents receiving special skin care.	10	24.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NSQ REHAB CTR/POTTSTOWN

Street Address:		City and State:	
724 N CHARLOTTE ST		POTTSTOWN PA 19464	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	165	PROPRIETARY	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
156	14	49	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	80.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	85.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	124	79.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	84.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	117	75.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	43.6	34.9	37.7
Completely bedfast residents.	12	7.7	2.3	3.4
Residents confined to chairs.	95	60.9	52.1	50.8
Residents requiring restraints.	56	35.9	40.3	41.3
Confused or disoriented residents.	106	67.9	57.4	58.4
Residents with bed sores.	25	16.0	7.8	7.1
Residents receiving special skin care.	30	19.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANATAWNY MANOR INC

Street Address: RTE 724 + OLD SCHUYLKILL RD		City and State: POTTSTOWN PA 19464	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 05/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 6	Medicaid Residents: 18
--	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	87.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	84.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	81.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	81.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	81.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.6	34.9	37.7
Completely bedfast residents.	1	1.0	2.3	3.4
Residents confined to chairs.	42	42.9	52.1	50.8
Residents requiring restraints.	43	43.9	40.3	41.3
Confused or disoriented residents.	56	57.1	57.4	58.4
Residents with bed sores.	6	6.1	7.8	7.1
Residents receiving special skin care.	26	26.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NRS REHAB CTR

Street Address:		City and State:	
PULASKI LEADER DRIVES		POTTSVILLE PA 17901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	152	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
139	7	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	82.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	91.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	85.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	87.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	66.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	29.5	34.9	37.7
Completely bedfast residents.	4	2.9	2.3	3.4
Residents confined to chairs.	65	46.8	52.1	50.8
Residents requiring restraints.	62	44.6	40.3	41.3
Confused or disoriented residents.	55	39.6	57.4	58.4
Residents with bed sores.	14	10.1	7.8	7.1
Residents receiving special skin care.	30	21.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YORK TERRACE NURSING CENTER

Street Address: 24TH MARKET STS		City and State: POTTSVILLE PA 17901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	Medicare Residents: 0	Medicaid Residents: 44
--	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	63.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	77.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	56.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	59.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	56.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	4.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	37.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	25	33.8	52.1	50.8
Residents requiring restraints.	37	50.0	40.3	41.3
Confused or disoriented residents.	46	62.2	57.4	58.4
Residents with bed sores.	9	12.2	7.8	7.1
Residents receiving special skin care.	37	50.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSPECT PARK NURSING CTR

Street Address: 815 CHESTER PIKE		City and State: PROSPECT PARK PA 19076	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 02/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 176	Medicare Residents: 29	Medicaid Residents: 118
---	--------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	77.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	135	76.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	66.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	60.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	64.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	9	5.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	35.2	34.9	37.7
Completely bedfast residents.	2	1.1	2.3	3.4
Residents confined to chairs.	79	44.9	52.1	50.8
Residents requiring restraints.	71	40.3	40.3	41.3
Confused or disoriented residents.	89	50.6	57.4	58.4
Residents with bed sores.	21	11.9	7.8	7.1
Residents receiving special skin care.	4	2.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLOSE MCGREGOR HLTH CARE CNTR

Street Address:		City and State:	
407 1/2 WEST MAHONING ST		PUNXSUTAWNEY PA 15767	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	94	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
81	13	47			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		73	90.1	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		78	96.3	82.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		74	91.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		71	87.7	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		64	79.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		9	11.1	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	37.0	34.9	37.7
Completely bedfast residents.		4	4.9	2.3	3.4
Residents confined to chairs.		59	72.8	52.1	50.8
Residents requiring restraints.		29	35.8	40.3	41.3
Confused or disoriented residents.		41	50.6	57.4	58.4
Residents with bed sores.		7	8.6	7.8	7.1
Residents receiving special skin care.		47	58.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELLE HAVEN INC

Street Address:		City and State:	
1320 MILL D		QUAKERTOWN PA 18951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	53	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
48	0	14	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	77.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	83.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	79.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	39.6	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	19	39.6	52.1	50.8
Residents requiring restraints.	8	16.7	40.3	41.3
Confused or disoriented residents.	26	54.2	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	1	2.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

QUAKERTOWN MANOR CONV + REHAB CNTR

Street Address:		City and State:	
1020 S MAIN ST		QUAKERTOWN PA 18951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	138	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
91	0	84	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	72.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	68.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	70.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	65.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	80.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	11.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	31.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	38	41.8	52.1	50.8
Residents requiring restraints.	29	31.9	40.3	41.3
Confused or disoriented residents.	45	49.5	57.4	58.4
Residents with bed sores.	3	3.3	7.8	7.1
Residents receiving special skin care.	6	6.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UPPER BUCKS NSG CNTR

Street Address:		City and State:	
ROUTE 663		QUAKERTOWN PA 18951	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	05/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	2	54		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	77.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	77.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	66.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	64.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	52.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	18	15.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	39.0	34.9	37.7
Completely bedfast residents.	4	3.4	2.3	3.4
Residents confined to chairs.	43	36.4	52.1	50.8
Residents requiring restraints.	20	16.9	40.3	41.3
Confused or disoriented residents.	74	62.7	57.4	58.4
Residents with bed sores.	8	6.8	7.8	7.1
Residents receiving special skin care.	42	35.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUARRYVILLE PRESBYTERIAN HOME

Street Address:		City and State:	
625 ROBERT FULTON HIGHWAY		QUARRYVILLE PA 17566	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	NON-PROFIT PRIVATE	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
136	0	35	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	129	94.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	80.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	77.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	70.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	63.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	48	35.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	26.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	58	42.6	52.1	50.8
Residents requiring restraints.	54	39.7	40.3	41.3
Confused or disoriented residents.	71	52.2	57.4	58.4
Residents with bed sores.	1	0.7	7.8	7.1
Residents receiving special skin care.	43	31.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUINCY UNITED METHODIST HOME

Street Address: PO BOX 217		City and State: QUINCY PA 17247	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 195	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 191	Medicare Residents: 0	Medicaid Residents: 67	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	143	74.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	73.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	64.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	63.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	64.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	86	45.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	22.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	59	30.9	52.1	50.8
Residents requiring restraints.	39	20.4	40.3	41.3
Confused or disoriented residents.	79	41.4	57.4	58.4
Residents with bed sores.	4	2.1	7.8	7.1
Residents receiving special skin care.	58	30.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BERKS HEIM

Street Address: BOX 1495		City and State: READING PA 19603	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 799	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 779	Medicare Residents: 9	Medicaid Residents: 703
---	---------------------------------	-----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	617	79.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	631	81.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	526	67.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	619	79.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	546	70.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	264	33.9	34.9	37.7
Completely bedfast residents.	9	1.2	2.3	3.4
Residents confined to chairs.	529	67.9	52.1	50.8
Residents requiring restraints.	386	49.6	40.3	41.3
Confused or disoriented residents.	506	65.0	57.4	58.4
Residents with bed sores.	86	11.0	7.8	7.1
Residents receiving special skin care.	391	50.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NRSG + REHAB CNTR

Street Address:		City and State:	
2125 ELIZABETH AVE		READING PA 19605	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	06/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
177	20	40	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	66.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	144	81.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	139	78.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	80.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	63.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	45.2	34.9	37.7
Completely bedfast residents.	9	5.1	2.3	3.4
Residents confined to chairs.	105	59.3	52.1	50.8
Residents requiring restraints.	81	45.8	40.3	41.3
Confused or disoriented residents.	74	41.8	57.4	58.4
Residents with bed sores.	28	15.8	7.8	7.1
Residents receiving special skin care.	20	11.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NSG REHAB CNTR

Street Address:		City and State:	
425 BUTTONWOOD ST		READING PA 19602	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	NON-PROFIT PRIVATE	09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
162	5	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	57.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	66.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	61.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	79.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	22.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	3.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	22.2	34.9	37.7
Completely bedfast residents.	2	1.2	2.3	3.4
Residents confined to chairs.	74	45.7	52.1	50.8
Residents requiring restraints.	38	23.5	40.3	41.3
Confused or disoriented residents.	60	37.0	57.4	58.4
Residents with bed sores.	15	9.3	7.8	7.1
Residents receiving special skin care.	23	14.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TRANSITIONAL LEVEL CARE/COMM GENL HOSP

Street Address: 145 N 6TH ST PO BOX 1728		City and State: READING PA 19603	
Participation: MEDICARE SNF	# of Beds: 31	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	Medicare Residents: 0	Medicaid Residents: 0
---	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	100	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	100	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	100	34.9	37.7
Completely bedfast residents.	2	40.0	2.3	3.4
Residents confined to chairs.	2	40.0	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	1	20.0	57.4	58.4
Residents with bed sores.	3	60.0	7.8	7.1
Residents receiving special skin care.	1	20.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WYOMISSING LODGE

Street Address:		City and State:	
1000 E WYOMISSING BLVD		READING PA 19602	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	107	PROPRIETARY	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
100		0		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		75	75.0	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		90	90.0	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		70	70.0	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		72	72.0	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		86	86.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		25	25.0	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		12	12.0	52.1	50.8
Residents requiring restraints.		31	31.0	40.3	41.3
Confused or disoriented residents.		42	42.0	57.4	58.4
Residents with bed sores.		6	6.0	7.8	7.1
Residents receiving special skin care.		20	20.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BUCKTAIL MEDICAL CENTER

Street Address:		City and State:	
PINE STREET		RENOVO PA 17764	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	37	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
35	1	26		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	77.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	85.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	71.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	71.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	65.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	8.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	25.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	27	77.1	52.1	50.8
Residents requiring restraints.	17	48.6	40.3	41.3
Confused or disoriented residents.	18	51.4	57.4	58.4
Residents with bed sores.	1	2.9	7.8	7.1
Residents receiving special skin care.	3	8.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RICHBORO REHAB & NSG CTR

Street Address:		City and State:	
253 TWINING FORD ROAD		RICHBORO PA 18954	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	85.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	83.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	74.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	78.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	58.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	7.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	32.7	34.9	37.7
Completely bedfast residents.	2	3.6	2.3	3.4
Residents confined to chairs.	37	67.3	52.1	50.8
Residents requiring restraints.	16	29.1	40.3	41.3
Confused or disoriented residents.	29	52.7	57.4	58.4
Residents with bed sores.	5	9.1	7.8	7.1
Residents receiving special skin care.	11	20.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ZENDT NURSING HOME

Street Address:		City and State:	
MAIN ST		RICHFIELD PA 17086	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	46	NON-PROFIT PRIVATE	12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
45	0	32	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	68.9	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	66.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	55.6	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	75.6	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	68.9	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	24.4	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	17	37.8	35.3	39.1
Residents requiring restraints.	7	15.6	32.9	31.7
Confused or disoriented residents.	14	31.1	59.3	55.8
Residents with bed sores.	2	4.4	3.2	4.7
Residents receiving special skin care.	31	68.9	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ZOHLMAN NURSING HOME

Street Address:		City and State:	
108 S MAIN ST		RICHLANDTOWN PA 18955	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	169	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
145	2	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	93.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	91.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	81.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	84.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	69.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	4.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	29.7	34.9	37.7
Completely bedfast residents.	2	1.4	2.3	3.4
Residents confined to chairs.	59	40.7	52.1	50.8
Residents requiring restraints.	44	30.3	40.3	41.3
Confused or disoriented residents.	84	57.9	57.4	58.4
Residents with bed sores.	5	3.4	7.8	7.1
Residents receiving special skin care.	34	23.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONNER-WILLIAMS NRSG HM

Street Address:		City and State:	
105 MORTON AVE		RIDLEY PARK PA 19078	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	52	PROPRIETARY	04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
46		0		24	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	76.1	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		39	84.8	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		32	69.6	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	69.6	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	67.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.		20	43.5	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	21.7	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		14	30.4	52.1	50.8
Residents requiring restraints.		19	41.3	40.3	41.3
Confused or disoriented residents.		28	60.9	57.4	58.4
Residents with bed sores.		1	2.2	7.8	7.1
Residents receiving special skin care.		10	21.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCHESTER MANOR

Street Address:		City and State:	
174 VIRGINIA AVE		ROCHESTER PA 15074	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
9	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	77.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	88.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	77.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	77.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	88.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	33.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	77.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	7	77.8	52.1	50.8
Residents requiring restraints.	6	66.7	40.3	41.3
Confused or disoriented residents.	5	55.6	57.4	58.4
Residents with bed sores.	3	33.3	7.8	7.1
Residents receiving special skin care.	8	88.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSEMONT MANOR

Street Address:		City and State:	
35 ROSEMONT AVENUE		ROSEMONT PA 19010	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
74	0	48			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	71.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		59	79.7	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		51	68.9	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	67.6	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		53	71.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.		2	2.7	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	28.4	34.9	37.7
Completely bedfast residents.		1	1.4	2.3	3.4
Residents confined to chairs.		37	50.0	52.1	50.8
Residents requiring restraints.		12	16.2	40.3	41.3
Confused or disoriented residents.		38	51.4	57.4	58.4
Residents with bed sores.		3	4.1	7.8	7.1
Residents receiving special skin care.		11	14.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROSLYN CONVALESCENT HOME

Street Address: 2630 WOODLAND ROAD		City and State: ROSLYN PA 19001	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 85	Type of Ownership: PROPRIETARY	Survey Date: 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84		Medicare Residents: 2		Medicaid Residents: 28			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				72	85.7	79.6	81.5
Dressing							
Residents requiring some or total assistance in dressing.				76	90.5	83.9	83.2
Toileting							
Residents requiring some or total assistance in toileting.				69	82.1	73.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				69	82.1	76.0	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				61	72.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.				4	4.8	7.4	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				37	44.0	34.9	37.7
Completely bedfast residents.				7	8.3	2.3	3.4
Residents confined to chairs.				46	54.8	52.1	50.8
Residents requiring restraints.				40	47.6	40.3	41.3
Confused or disoriented residents.				57	67.9	57.4	58.4
Residents with bed sores.				2	2.4	7.8	7.1
Residents receiving special skin care.				4	4.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTGOMERY CNTY GERI REHAB CTR

Street Address:		City and State:	
1600 BLACK ROCK RD		ROYERSFORD PA 19468	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	591	LOCAL GOVERNMENT	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
590	4	567	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	456	77.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	489	82.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	435	73.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	460	78.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	420	71.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	62	10.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	215	36.4	34.9	37.7
Completely bedfast residents.	3	0.5	2.3	3.4
Residents confined to chairs.	442	74.9	52.1	50.8
Residents requiring restraints.	379	64.2	40.3	41.3
Confused or disoriented residents.	346	58.6	57.4	58.4
Residents with bed sores.	35	5.9	7.8	7.1
Residents receiving special skin care.	193	32.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RYDAL PARK OF PHILA PRESBYTERY HOME

Street Address: ON THE FAIRWAY		City and State: RYDAL PA 19046	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119		Medicare Residents: 2		Medicaid Residents: 8			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				118	99.2	79.6	81.5
Dressing							
Residents requiring some or total assistance in dressing.				99	83.2	83.9	83.2
Toileting							
Residents requiring some or total assistance in toileting.				82	68.9	73.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				84	70.6	76.0	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				81	68.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.				4	3.4	7.4	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				35	29.4	34.9	37.7
Completely bedfast residents.				2	1.7	2.3	3.4
Residents confined to chairs.				70	58.8	52.1	50.8
Residents requiring restraints.				36	30.3	40.3	41.3
Confused or disoriented residents.				76	63.9	57.4	58.4
Residents with bed sores.				0	0.0	7.8	7.1
Residents receiving special skin care.				18	15.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRAWFORD CNTY HM SMITH INSTI

Street Address:		City and State:	
RD 1		SAEGERTOWN PA 16433	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	179	LOCAL GOVERNMENT	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
160	0	137		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	49.4	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	106	66.2	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	42.5	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	41.9	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	40.0	62.4	59.1
Residents on individually written bowel and bladder retraining program.	3	1.9	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	28.1	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	44	27.5	35.3	39.1
Residents requiring restraints.	54	33.7	32.9	31.7
Confused or disoriented residents.	87	54.4	59.3	55.8
Residents with bed sores.	4	2.5	3.2	4.7
Residents receiving special skin care.	35	21.9	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANDREW KAUL MEM HOSP

Street Address:		City and State:	
JOHNSONBURG RD		SAINT MARYS PA 15857	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	138	NON-PROFIT OTHER	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
137	6	97			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		124	90.5	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		131	95.6	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	48.9	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		125	91.2	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		99	72.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.		2	1.5	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		45	32.8	34.9	37.7
Completely bedfast residents.		3	2.2	2.3	3.4
Residents confined to chairs.		92	67.2	52.1	50.8
Residents requiring restraints.		78	56.9	40.3	41.3
Confused or disoriented residents.		68	49.6	57.4	58.4
Residents with bed sores.		4	2.9	7.8	7.1
Residents receiving special skin care.		33	24.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELK HAVEN NURSING HOME

Street Address:		City and State:	
PO BOX 271 JOHNSONBURG RD		SAINT MARYS PA 15857	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
120	0	93		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	55.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	80.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	73.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	65.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	72.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	11	9.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	82	68.3	52.1	50.8
Residents requiring restraints.	52	43.3	40.3	41.3
Confused or disoriented residents.	58	48.3	57.4	58.4
Residents with bed sores.	3	2.5	7.8	7.1
Residents receiving special skin care.	8	6.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIR WINDS MANOR

Street Address:		City and State:	
126 IRON BRIDGE RD		SARVER PA 16055	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	66	PROPRIETARY	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
57	1	26	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	84.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	84.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	84.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	84.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	38.6	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	32	56.1	52.1	50.8
Residents requiring restraints.	31	54.4	40.3	41.3
Confused or disoriented residents.	38	66.7	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	1	1.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAXONY HEALTH CNTR

Street Address: BOX 458 SAXONBURG BLVD		City and State: SAXONBURG PA 16056	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 51	Type of Ownership: PROPRIETARY	Survey Date: 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	Medicare Residents: 2	Medicaid Residents: 23	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	97.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	93.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	93.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	60.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	22.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	51.1	34.9	37.7
Completely bedfast residents.	1	2.2	2.3	3.4
Residents confined to chairs.	23	51.1	52.1	50.8
Residents requiring restraints.	26	57.8	40.3	41.3
Confused or disoriented residents.	24	53.3	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	45	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

SAYRE HOUSE, INC.

Street Address:		City and State:	
N ELMER AVE		SAYRE PA 18840	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	45	90.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	92.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	86.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	86.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	86.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	42.0	34.9	37.7
Completely bedfast residents.	3	6.0	2.3	3.4
Residents confined to chairs.	18	36.0	52.1	50.8
Residents requiring restraints.	27	54.0	40.3	41.3
Confused or disoriented residents.	27	54.0	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	7	14.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENVIEW NSG AND CONVAL HOME INC

Street Address: RD 1		City and State: SCHUYLKILL HAVEN PA 17972	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 31	Type of Ownership: PROPRIETARY	Survey Date: 05/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28		Medicare Residents: 0		Medicaid Residents: 17	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		22	78.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		25	89.3	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		23	82.1	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		25	89.3	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		22	78.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		4	14.3	34.9	37.7
Completely bedfast residents.		1	3.6	2.3	3.4
Residents confined to chairs.		9	32.1	52.1	50.8
Residents requiring restraints.		1	3.6	40.3	41.3
Confused or disoriented residents.		15	53.6	57.4	58.4
Residents with bed sores.		0	0.0	7.8	7.1
Residents receiving special skin care.		0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCHUYLKILL CO HOME-REST HAVEN

Street Address:		City and State:	
RD1		SCHUYLKILL HAVEN PA 17972	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	262	LOCAL GOVERNMENT	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
255	1	233

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	193	75.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	206	80.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	175	68.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	55.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	40.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	27	10.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	34.1	34.9	37.7
Completely bedfast residents.	5	2.0	2.3	3.4
Residents confined to chairs.	189	74.1	52.1	50.8
Residents requiring restraints.	33	12.9	40.3	41.3
Confused or disoriented residents.	150	58.8	57.4	58.4
Residents with bed sores.	15	5.9	7.8	7.1
Residents receiving special skin care.	127	49.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTVIEW NURSING HOME

Street Address:		City and State:	
900 PORTER AVE		SCOTTDALE PA 15683	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	27	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
27	0	14		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	92.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	92.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	85.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	23	85.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	37.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	25	92.6	52.1	50.8
Residents requiring restraints.	15	55.6	40.3	41.3
Confused or disoriented residents.	23	85.2	57.4	58.4
Residents with bed sores.	13	48.1	7.8	7.1
Residents receiving special skin care.	27	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ADAMS MANOR

Street Address:		City and State:	
824 ADAMS AVENUE		SCRANTON PA 18510	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	139	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
134	0	99	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	74.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	75.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	60.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	80.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	55.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	24.6	34.9	37.7
Completely bedfast residents.	4	3.0	2.3	3.4
Residents confined to chairs.	47	35.1	52.1	50.8
Residents requiring restraints.	16	11.9	40.3	41.3
Confused or disoriented residents.	70	52.2	57.4	58.4
Residents with bed sores.	12	9.0	7.8	7.1
Residents receiving special skin care.	35	26.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALLIED SERVICES LTC FACILITY

Street Address:		City and State:	
303 SMALLACOMBE DRIVE PO BOX 2033		SCRANTON PA 18508	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	360	NON-PROFIT PRIVATE	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
347	12	242		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	276	79.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	269	77.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	265	76.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	247	71.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	251	72.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	1.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	122	35.2	34.9	37.7
Completely bedfast residents.	7	2.0	2.3	3.4
Residents confined to chairs.	198	57.1	52.1	50.8
Residents requiring restraints.	146	42.1	40.3	41.3
Confused or disoriented residents.	256	73.8	57.4	58.4
Residents with bed sores.	24	6.9	7.8	7.1
Residents receiving special skin care.	121	34.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ELLEN MEMORIAL CONV HOME

Street Address:		City and State:	
1554 SANDERSON AVE		SCRANTON PA 18509	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	34	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
33	1	28	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	72.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	84.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	84.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	87.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	66.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	6.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	21.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	17	51.5	52.1	50.8
Residents requiring restraints.	17	51.5	40.3	41.3
Confused or disoriented residents.	20	60.6	57.4	58.4
Residents with bed sores.	2	6.1	7.8	7.1
Residents receiving special skin care.	10	30.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN RIDGE NURSING HOME INC

Street Address:		City and State:	
1530 SANDERSON AVENUE		SCRANTON PA 18509	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	65	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
61	0	45		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	98.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	83.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	90.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	77.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	39.3	34.9	37.7
Completely bedfast residents.	1	1.6	2.3	3.4
Residents confined to chairs.	31	50.8	52.1	50.8
Residents requiring restraints.	11	18.0	40.3	41.3
Confused or disoriented residents.	17	27.9	57.4	58.4
Residents with bed sores.	6	9.8	7.8	7.1
Residents receiving special skin care.	9	14.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLIDAY MANOR

Street Address:		City and State:	
FRANKLIN AVE & MULBERRY ST		SCRANTON PA 18503	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	154	PROPRIETARY	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
151		0		132	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		122	80.8	75.5	78.3
Dressing					
Residents requiring some or total assistance in dressing.		94	62.3	77.4	76.7
Toileting					
Residents requiring some or total assistance in toileting.		51	33.8	67.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		55	36.4	68.0	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	29.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.		1	0.7	10.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	21.2	29.6	29.3
Completely bedfast residents.		0	0.0	2.1	3.6
Residents confined to chairs.		36	23.8	35.3	39.1
Residents requiring restraints.		13	8.6	32.9	31.7
Confused or disoriented residents.		79	52.3	59.3	55.8
Residents with bed sores.		2	1.3	3.2	4.7
Residents receiving special skin care.		36	23.8	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLY FAMILY RESIDENCE

Street Address:		City and State:	
2500 ADAMS AVE		SCRANTON PA 18509	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	78	NON-PROFIT RELIGIOUS	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
75	1	60	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	77.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	70.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	58.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	65.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	60.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	14.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	20	26.7	52.1	50.8
Residents requiring restraints.	11	14.7	40.3	41.3
Confused or disoriented residents.	36	48.0	57.4	58.4
Residents with bed sores.	3	4.0	7.8	7.1
Residents receiving special skin care.	32	42.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME OF EASTERN PENNSYLVANIA

Street Address:		City and State:	
1101 VINE ST		SCRANTON PA 18510	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	175	NON-PROFIT OTHER	12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
168	0	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	82.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	141	83.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	64.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	79.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	61.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	37.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	91	54.2	52.1	50.8
Residents requiring restraints.	45	26.8	40.3	41.3
Confused or disoriented residents.	88	52.4	57.4	58.4
Residents with bed sores.	11	6.5	7.8	7.1
Residents receiving special skin care.	85	50.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOSES TAYLOR HOSP SNF

Street Address: 700 QUINCY AVE		City and State: SCRANTON PA 18510	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 32	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	Medicare Residents: 17	Medicaid Residents: 1
--	--------------------------------------	-------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	73.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	84.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	84.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	63.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	10.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	63.2	34.9	37.7
Completely bedfast residents.	3	15.8	2.3	3.4
Residents confined to chairs.	3	15.8	52.1	50.8
Residents requiring restraints.	4	21.1	40.3	41.3
Confused or disoriented residents.	4	21.1	57.4	58.4
Residents with bed sores.	3	15.8	7.8	7.1
Residents receiving special skin care.	6	31.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN REST NSG HM

Street Address:		City and State:	
LINWOOD AVE		SCRANTON PA 18505	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	108	PROPRIETARY	07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
106	0	90		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	81.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	69.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	60.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	54.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	52.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	29	27.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	42.5	34.9	37.7
Completely bedfast residents.	5	4.7	2.3	3.4
Residents confined to chairs.	46	43.4	52.1	50.8
Residents requiring restraints.	23	21.7	40.3	41.3
Confused or disoriented residents.	46	43.4	57.4	58.4
Residents with bed sores.	9	8.5	7.8	7.1
Residents receiving special skin care.	24	22.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HASKINS NRS HOME

Street Address:		City and State:	
1009 RHODES AVENUE		SECANE PA 19018	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	22	PROPRIETARY	05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
22	0	2		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	72.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	90.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	59.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	77.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	18.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	18.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	5	22.7	52.1	50.8
Residents requiring restraints.	2	9.1	40.3	41.3
Confused or disoriented residents.	19	86.4	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	2	9.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RATHFONS CONVALESCENT HOME

Street Address: 308 MARKET STREET		City and State: SELINGSGROVE PA 17870	
Participation: MEDICAID ICF	# of Beds: 44	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 42		
--	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	67.4	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	67.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	58.1	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	58.1	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	72.1	62.4	59.1
Residents on individually written bowel and bladder retraining program.	14	32.6	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	18.6	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	16	37.2	35.3	39.1
Residents requiring restraints.	5	11.6	32.9	31.7
Confused or disoriented residents.	19	44.2	59.3	55.8
Residents with bed sores.	1	2.3	3.2	4.7
Residents receiving special skin care.	14	32.6	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PENN LUTHERAN VILLAGE

Street Address:		City and State:	
800 BROAD STREET		SELINGROVE PA 17870	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	197	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
191	2	139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	156	81.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	70.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	61.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	60.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	57.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	26.7	34.9	37.7
Completely bedfast residents.	2	1.0	2.3	3.4
Residents confined to chairs.	73	38.2	52.1	50.8
Residents requiring restraints.	50	26.2	40.3	41.3
Confused or disoriented residents.	78	40.8	57.4	58.4
Residents with bed sores.	7	3.7	7.8	7.1
Residents receiving special skin care.	68	35.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRAND VIEW HOSPITAL ECF

Street Address:		City and State:	
LAWN AVENUE		SELLERSVILLE PA 18960	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	20	NON-PROFIT OTHER	07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
9	2	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	88.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	100	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	88.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	44.4	34.9	37.7
Completely bedfast residents.	1	11.1	2.3	3.4
Residents confined to chairs.	1	11.1	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	3	33.3	57.4	58.4
Residents with bed sores.	2	22.2	7.8	7.1
Residents receiving special skin care.	2	22.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROCKHILL MENNONITE HOME

Street Address:		City and State:	
BOX 21 RTE 152		SELLERSVILLE PA 18960	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	96	NON-PROFIT RELIGIOUS	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
96	0	27			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		87	90.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		82	85.4	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	69.8	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		67	69.8	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		70	72.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.		4	4.2	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	33.3	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		31	32.3	52.1	50.8
Residents requiring restraints.		40	41.7	40.3	41.3
Confused or disoriented residents.		64	66.7	57.4	58.4
Residents with bed sores.		11	11.5	7.8	7.1
Residents receiving special skin care.		31	32.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CARE NURSING HOME INC

Street Address:		City and State:	
BX 588 MERRIMAN ROAD		SEWICKLEY PA 15143	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	4	49		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	94.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	81.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	76.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	93.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	73.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	21	18.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	35.7	34.9	37.7
Completely bedfast residents.	3	2.6	2.3	3.4
Residents confined to chairs.	63	54.8	52.1	50.8
Residents requiring restraints.	85	73.9	40.3	41.3
Confused or disoriented residents.	89	77.4	57.4	58.4
Residents with bed sores.	11	9.6	7.8	7.1
Residents receiving special skin care.	37	32.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHUMBERLAND CO MTN VIEW HOME

Street Address:		City and State:	
TREVORTON RD RD 1		SHAMOKIN PA 17872	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	317	LOCAL GOVERNMENT	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
311	9	266		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		242	77.8	79.6
Dressing				
Residents requiring some or total assistance in dressing.		256	82.3	83.9
Toileting				
Residents requiring some or total assistance in toileting.		240	77.2	73.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		250	80.4	76.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		190	61.1	68.3
Residents on individually written bowel and bladder retraining program.		15	4.8	7.4
Eating				
Residents receiving tube feedings or requiring assistance with eating.		74	23.8	34.9
Completely bedfast residents.		30	9.6	2.3
Residents confined to chairs.		184	59.2	52.1
Residents requiring restraints.		129	41.5	40.3
Confused or disoriented residents.		204	65.6	57.4
Residents with bed sores.		20	6.4	7.8
Residents receiving special skin care.		81	26.0	34.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLEPPER CONV HOME

Street Address:		City and State:	
941 + 959 E STATE ST		SHARON PA 16146	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	61	NON-PROFIT OTHER	06/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
51	0	6			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		40	78.4	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		47	92.2	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		42	82.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	82.4	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	58.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	21.6	34.9	37.7
Completely bedfast residents.		3	5.9	2.3	3.4
Residents confined to chairs.		29	56.9	52.1	50.8
Residents requiring restraints.		27	52.9	40.3	41.3
Confused or disoriented residents.		37	72.5	57.4	58.4
Residents with bed sores.		0	0.0	7.8	7.1
Residents receiving special skin care.		10	19.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON GENL HOSP LTC UNIT

Street Address:		City and State:	
740 E STATE ST		SHARON PA 16146	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	40	NON-PROFIT PRIVATE	05/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
10	8	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	70.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	90.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	90.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	3	30.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	10.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	30.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	2	20.0	52.1	50.8
Residents requiring restraints.	0	0.0	40.3	41.3
Confused or disoriented residents.	0	0.0	57.4	58.4
Residents with bed sores.	2	20.0	7.8	7.1
Residents receiving special skin care.	8	80.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOCUST MOUNTAIN HLTH CARE FAC

Street Address: PO BOX 69		City and State: SHENANDOAH PA 17976	
Participation: MEDICAID ICF	# of Beds: 38	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 26	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	68.4	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	65.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	63.2	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	63.2	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	34.2	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	21.1	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	11	28.9	35.3	39.1
Residents requiring restraints.	5	13.2	32.9	31.7
Confused or disoriented residents.	5	13.2	59.3	55.8
Residents with bed sores.	1	2.6	3.2	4.7
Residents receiving special skin care.	10	26.3	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHENANDOAH MANOR NRSNG CNTR

Street Address:		City and State:	
101 E WASHINGTON ST		SHENANDOAH PA 17976	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
115		2		81	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		104	90.4	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		103	89.6	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		87	75.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		102	88.7	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		90	78.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.		7	6.1	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	41.7	34.9	37.7
Completely bedfast residents.		1	0.9	2.3	3.4
Residents confined to chairs.		62	53.9	52.1	50.8
Residents requiring restraints.		36	31.3	40.3	41.3
Confused or disoriented residents.		54	47.0	57.4	58.4
Residents with bed sores.		6	5.2	7.8	7.1
Residents receiving special skin care.		40	34.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MIFFLIN HEALTHCARE CNTR

Street Address:		City and State:	
500 E PHILADELPHIA AVE		SHILLINGTON PA 19607	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	136	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
130	2	62		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	83.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	90.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	106	81.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	83.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	70.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	20.8	34.9	37.7
Completely bedfast residents.	5	3.8	2.3	3.4
Residents confined to chairs.	75	57.7	52.1	50.8
Residents requiring restraints.	49	37.7	40.3	41.3
Confused or disoriented residents.	52	40.0	57.4	58.4
Residents with bed sores.	10	7.7	7.8	7.1
Residents receiving special skin care.	39	30.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEWITT MANOR

Street Address:		City and State:	
59 HONEOYE ST		SHINGLEHOUSE PA 16748	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	28	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
27	0	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	88.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	88.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	88.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	88.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	48.1	34.9	37.7
Completely bedfast residents.	1	3.7	2.3	3.4
Residents confined to chairs.	24	88.9	52.1	50.8
Residents requiring restraints.	21	77.8	40.3	41.3
Confused or disoriented residents.	21	77.8	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	24	88.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALLEGHENY MANOR

Street Address:		City and State:	
RD 2 RTES 66 AND 322 RHEALS CORNER		SHIPPENVILLE PA 16254	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	3	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	66.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	71.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	64.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	55.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	17.8	34.9	37.7
Completely bedfast residents.	1	0.8	2.3	3.4
Residents confined to chairs.	41	34.7	52.1	50.8
Residents requiring restraints.	18	15.3	40.3	41.3
Confused or disoriented residents.	83	70.3	57.4	58.4
Residents with bed sores.	8	6.8	7.8	7.1
Residents receiving special skin care.	73	61.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHEWSBURG LUTHERAN HOME

Street Address:		City and State:	
BOX 167		SHREWSBURY PA 17361	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	98.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	77.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	72.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	66.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	63.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	45.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	57	58.2	52.1	50.8
Residents requiring restraints.	39	39.8	40.3	41.3
Confused or disoriented residents.	42	42.9	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	10	10.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NRS REHAB CTR SINKING SPRINGS

Street Address:		City and State:	
3000 WINDMILL RD		SINKING SPRINGS PA 19608	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	184	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
174	6	48	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	70.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	155	89.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	144	82.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	83.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	70.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	27	15.5	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	36.2	34.9	37.7
Completely bedfast residents.	4	2.3	2.3	3.4
Residents confined to chairs.	102	58.6	52.1	50.8
Residents requiring restraints.	89	51.1	40.3	41.3
Confused or disoriented residents.	101	58.0	57.4	58.4
Residents with bed sores.	29	16.7	7.8	7.1
Residents receiving special skin care.	61	35.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLARVIEW REST HOME INC

Street Address:		City and State:	
RD 1		SLIGO PA 16255	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
120	0	82	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	81.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	77.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	67.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	65.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	61.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	34.2	34.9	37.7
Completely bedfast residents.	5	4.2	2.3	3.4
Residents confined to chairs.	64	53.3	52.1	50.8
Residents requiring restraints.	38	31.7	40.3	41.3
Confused or disoriented residents.	82	68.3	57.4	58.4
Residents with bed sores.	16	13.3	7.8	7.1
Residents receiving special skin care.	33	27.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE C K STONE MANOR INC

Street Address: 15 W WILLOW ST		City and State: SMETHPORT PA 16749	
Participation: MEDICAID ICF	# of Beds: 34	Type of Ownership: PROPRIETARY	Survey Date: 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
29	0	5			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		25	86.2	75.5	78.3
Dressing					
Residents requiring some or total assistance in dressing.		23	79.3	77.4	76.7
Toileting					
Residents requiring some or total assistance in toileting.		19	65.5	67.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		29	100	68.0	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		17	58.6	62.4	59.1
Residents on individually written bowel and bladder retraining program.		1	3.4	10.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	27.6	29.6	29.3
Completely bedfast residents.		0	0.0	2.1	3.6
Residents confined to chairs.		18	62.1	35.3	39.1
Residents requiring restraints.		9	31.0	32.9	31.7
Confused or disoriented residents.		18	62.1	59.3	55.8
Residents with bed sores.		0	0.0	3.2	4.7
Residents receiving special skin care.		8	27.6	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SENA-KEAN MANOR

Street Address:		City and State:	
MARVIN ST		SMETHPORT PA 16749	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	158	LOCAL GOVERNMENT	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
153	0	143		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	67.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	69.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	68.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	68.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	54.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	37.9	34.9	37.7
Completely bedfast residents.	2	1.3	2.3	3.4
Residents confined to chairs.	10	6.5	52.1	50.8
Residents requiring restraints.	52	34.0	40.3	41.3
Confused or disoriented residents.	62	40.5	57.4	58.4
Residents with bed sores.	10	6.5	7.8	7.1
Residents receiving special skin care.	48	31.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIEMONS LAKEVIEW MANOR ESTATE

Street Address: R D 7 BOX 195A		City and State: SOMERSET PA 15501	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 1	Medicaid Residents: 68
---	---------------------------------	----------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	69.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	75.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	16.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	79.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	54.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	23.5	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	69	58.0	52.1	50.8
Residents requiring restraints.	63	52.9	40.3	41.3
Confused or disoriented residents.	66	55.5	57.4	58.4
Residents with bed sores.	8	6.7	7.8	7.1
Residents receiving special skin care.	45	37.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOMERSET COMMUNITY HOSP LTCU

Street Address:		City and State:	
225 S CENTER AVE		SOMERSET PA 15501	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	18	NON-PROFIT PRIVATE	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
6	6	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	83.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	83.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	83.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	83.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	16.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	33.3	34.9	37.7
Completely bedfast residents.	1	16.7	2.3	3.4
Residents confined to chairs.	5	83.3	52.1	50.8
Residents requiring restraints.	2	33.3	40.3	41.3
Confused or disoriented residents.	3	50.0	57.4	58.4
Residents with bed sores.	2	33.3	7.8	7.1
Residents receiving special skin care.	5	83.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUDERTON MENNONITE HM

Street Address:		City and State:	
207 WEST SUMMIT AVE		SOUDERTON PA 18964	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	59	NON-PROFIT OTHER	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
57	0	23		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	91.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	89.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	84.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	91.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	68.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	7.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	8.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	12	21.1	52.1	50.8
Residents requiring restraints.	24	42.1	40.3	41.3
Confused or disoriented residents.	29	50.9	57.4	58.4
Residents with bed sores.	2	3.5	7.8	7.1
Residents receiving special skin care.	7	12.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH MOUNTAIN RESTORATION CNTR

Street Address:		City and State:	
		SOUTH MOUNTAIN PA 17261	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	940	STATE GOVERNMENT	04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
498	0	490		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	435	87.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	406	81.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	321	64.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	35.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	319	64.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	115	23.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	124	24.9	34.9	37.7
Completely bedfast residents.	7	1.4	2.3	3.4
Residents confined to chairs.	170	34.1	52.1	50.8
Residents requiring restraints.	51	10.2	40.3	41.3
Confused or disoriented residents.	359	72.1	57.4	58.4
Residents with bed sores.	6	1.2	7.8	7.1
Residents receiving special skin care.	247	49.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHAMPTON ESTATES

Street Address:		City and State:	
238 STREET ROAD		SOUTHAMPTON PA 18966	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	100	NON-PROFIT OTHER	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
56	2	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	87.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	96.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	87.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	87.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	69.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	14.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	46.4	34.9	37.7
Completely bedfast residents.	1	1.8	2.3	3.4
Residents confined to chairs.	21	37.5	52.1	50.8
Residents requiring restraints.	21	37.5	40.3	41.3
Confused or disoriented residents.	32	57.1	57.4	58.4
Residents with bed sores.	3	5.4	7.8	7.1
Residents receiving special skin care.	8	14.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SILVERSTREAM NSG REHAB CTR

Street Address: 905 PENNLYN PIKE		City and State: SPRING HOUSE PA 19477	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 108	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 0	Medicaid Residents: 59
---	-------------------------------------	--------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	72.3	79.6	81.5
Dressing Residents requiring some or total assistance in dressing.	81	80.2	83.9	83.2
Toileting Residents requiring some or total assistance in toileting.	63	62.4	73.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	60.4	76.0	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	61.4	68.3	68.2
 Residents on individually written bowel and bladder retraining program.	9	8.9	7.4	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	59.4	34.9	37.7
 Completely bedfast residents.	5	5.0	2.3	3.4
 Residents confined to chairs.	44	43.6	52.1	50.8
 Residents requiring restraints.	52	51.5	40.3	41.3
 Confused or disoriented residents.	74	73.3	57.4	58.4
 Residents with bed sores.	6	5.9	7.8	7.1
 Residents receiving special skin care.	16	15.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRINGHOUSE ESTATES

Street Address:		City and State:	
NORISTOWN RD MCKEAN ST		SPRING HOUSE PA 19477	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	60	NON-PROFIT OTHER	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
58	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	94.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	96.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	84.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	75.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	6.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	36.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	19	32.8	52.1	50.8
Residents requiring restraints.	16	27.6	40.3	41.3
Confused or disoriented residents.	47	81.0	57.4	58.4
Residents with bed sores.	1	1.7	7.8	7.1
Residents receiving special skin care.	4	6.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARLEE MANOR

Street Address: 463 WEST SPROUL ROAD		City and State: SPRINGFIELD PA 19064	
Participation: MEDICARE SNF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	Medicare Residents: 0	Medicaid Residents: 0
---	---------------------------------	---------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	81.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	82.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	57.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	51.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	47.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	32.0	34.9	37.7
Completely bedfast residents.	1	0.7	2.3	3.4
Residents confined to chairs.	44	29.9	52.1	50.8
Residents requiring restraints.	31	21.1	40.3	41.3
Confused or disoriented residents.	82	55.8	57.4	58.4
Residents with bed sores.	7	4.8	7.8	7.1
Residents receiving special skin care.	33	22.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STATE COLLEGE MANOR LTD

Street Address: 450 WAUPELANI DR		City and State: STATE COLLEGE PA 16801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 173	Type of Ownership: PROPRIETARY	Survey Date: 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
164	0	144			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	135	82.3	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	117	71.3	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	103	62.8	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	61.0	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	84	51.2	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	59	36.0	34.9	37.7	
Completely bedfast residents.	1	0.6	2.3	3.4	
Residents confined to chairs.	81	49.4	52.1	50.8	
Residents requiring restraints.	75	45.7	40.3	41.3	
Confused or disoriented residents.	93	56.7	57.4	58.4	
Residents with bed sores.	12	7.3	7.8	7.1	
Residents receiving special skin care.	52	31.7	34.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DENVER NSG HOME

Street Address:		City and State:	
RD1		STEVENS PA 17578	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	73	PROPRIETARY	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
73	0	29		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	87.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	86.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	79.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	80.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	67.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	28	38.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	37.0	34.9	37.7
Completely bedfast residents.	6	8.2	2.3	3.4
Residents confined to chairs.	55	75.3	52.1	50.8
Residents requiring restraints.	35	47.9	40.3	41.3
Confused or disoriented residents.	43	58.9	57.4	58.4
Residents with bed sores.	5	6.8	7.8	7.1
Residents receiving special skin care.	15	20.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BONHAM NURSING CENTER

Street Address: REGISTER RD 1		City and State: STILLWATER PA 17878	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 1	Medicaid Residents: 40
--	-------------------------------------	--------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	91.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	91.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	80.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	80.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	93.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	45.6	34.9	37.7
Completely bedfast residents.	5	8.8	2.3	3.4
Residents confined to chairs.	38	66.7	52.1	50.8
Residents requiring restraints.	15	26.3	40.3	41.3
Confused or disoriented residents.	27	47.4	57.4	58.4
Residents with bed sores.	1	1.8	7.8	7.1
Residents receiving special skin care.	9	15.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAUREL MANOR

Street Address: 1170 W MAIN ST		City and State: STROUDSBURG PA 18360	
Participation: MEDICAID ICF	# of Beds: 59	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 18	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	81.4	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	81.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	48	81.4	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	76.3	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	33.9	29.6	29.3
Completely bedfast residents.	3	5.1	2.1	3.6
Residents confined to chairs.	18	30.5	35.3	39.1
Residents requiring restraints.	13	22.0	32.9	31.7
Confused or disoriented residents.	26	44.1	59.3	55.8
Residents with bed sores.	6	10.2	3.2	4.7
Residents receiving special skin care.	30	50.8	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

PLEASANT VALLEY MANOR INC/MONROE CO HM

Street Address:		City and State:	
R D 2 BOX 2338		STROUDSBURG PA 18360	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	174	LOCAL GOVERNMENT	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
164	0	158		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	146	89.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	85.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	133	81.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	84.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	134	81.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	59	36.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	87	53.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	146	89.0	52.1	50.8
Residents requiring restraints.	100	61.0	40.3	41.3
Confused or disoriented residents.	97	59.1	57.4	58.4
Residents with bed sores.	24	14.6	7.8	7.1
Residents receiving special skin care.	101	61.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NURSING - SUNBURY

Street Address:		City and State:	
800 COURT ST CIRCLE DR		SUNBURY PA 17801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	10	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	81.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	82.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	72.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	81.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	71.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	7	6.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	33.6	34.9	37.7
Completely bedfast residents.	2	1.7	2.3	3.4
Residents confined to chairs.	72	62.1	52.1	50.8
Residents requiring restraints.	40	34.5	40.3	41.3
Confused or disoriented residents.	68	58.6	57.4	58.4
Residents with bed sores.	6	5.2	7.8	7.1
Residents receiving special skin care.	34	29.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANSION NRSG CONV HOME

Street Address: 1040-52 MARKET ST		City and State: SUNBURY PA 17801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
68	1	48			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		64	94.1	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		49	72.1	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		39	57.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	55.9	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	64.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.		2	2.9	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		23	33.8	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		16	23.5	52.1	50.8
Residents requiring restraints.		24	35.3	40.3	41.3
Confused or disoriented residents.		24	35.3	57.4	58.4
Residents with bed sores.		8	11.8	7.8	7.1
Residents receiving special skin care.		66	97.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNBURY COMM HOSPI -SKILLED

Street Address: 305 N 11TH ST		City and State: SUNBURY PA 17801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 29	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	Medicare Residents: 1	Medicaid Residents: 15	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	96.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	96.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	93.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	82.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	89.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	41.4	34.9	37.7
Completely bedfast residents.	1	3.4	2.3	3.4
Residents confined to chairs.	10	34.5	52.1	50.8
Residents requiring restraints.	9	31.0	40.3	41.3
Confused or disoriented residents.	23	79.3	57.4	58.4
Residents with bed sores.	3	10.3	7.8	7.1
Residents receiving special skin care.	29	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARNES-KASSON CNTY HOSP SNF

Street Address: 400 TURNPIKE STREET		City and State: SUSQUEHANNA PA 18847	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 49	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 1	Medicaid Residents: 38		
--	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	91.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	98.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	89.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	91.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	81.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	33	67.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	26.5	34.9	37.7
Completely bedfast residents.	1	2.0	2.3	3.4
Residents confined to chairs.	27	55.1	52.1	50.8
Residents requiring restraints.	4	8.2	40.3	41.3
Confused or disoriented residents.	29	59.2	57.4	58.4
Residents with bed sores.	4	8.2	7.8	7.1
Residents receiving special skin care.	34	69.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TAYLOR NSG REHAB CENTER

Street Address:		City and State:	
HOSPITAL AND PHILLIPS ST		TAYLOR PA 18517	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	159	NON-PROFIT PRIVATE	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
153	1	110		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	150	98.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	149	97.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	89.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	139	90.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	66.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	34.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	101	66.0	52.1	50.8
Residents requiring restraints.	72	47.1	40.3	41.3
Confused or disoriented residents.	129	84.3	57.4	58.4
Residents with bed sores.	2	1.3	7.8	7.1
Residents receiving special skin care.	26	17.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERN HOME-TELFORD

Street Address:		City and State:	
235 N WASHINGTON ST		TELFORD PA 18969	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	75	NON-PROFIT RELIGIOUS	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
75	0	23	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	80.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	89.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	77.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	80.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	73.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	22.7	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	20	26.7	52.1	50.8
Residents requiring restraints.	41	54.7	40.3	41.3
Confused or disoriented residents.	42	56.0	57.4	58.4
Residents with bed sores.	4	5.3	7.8	7.1
Residents receiving special skin care.	4	5.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDA NIPPLE CONVALESCENT HOME

Street Address: RD 1 BOX 109		City and State: THOMPSONTOWN PA 17094	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 23	Type of Ownership: PROPRIETARY	Survey Date: 05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23		Medicare Residents: 0		Medicaid Residents: 19	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		18	78.3	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		21	91.3	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		19	82.6	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		19	82.6	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		16	69.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	39.1	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		15	65.2	52.1	50.8
Residents requiring restraints.		14	60.9	40.3	41.3
Confused or disoriented residents.		14	60.9	57.4	58.4
Residents with bed sores.		3	13.0	7.8	7.1
Residents receiving special skin care.		8	34.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSET MANOR

Street Address:		City and State:	
81 DILLON DRIVE		TITUSVILLE PA 16354	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	65	PROPRIETARY	04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
60	0	53			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	50	83.3	75.5	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	51	85.0	77.4	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	49	81.7	67.9	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	78.3	68.0	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	39	65.0	62.4	59.1	
Residents on individually written bowel and bladder retraining program.	4	6.7	10.1	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	16	26.7	29.6	29.3	
Completely bedfast residents.	1	1.7	2.1	3.6	
Residents confined to chairs.	31	51.7	35.3	39.1	
Residents requiring restraints.	32	53.3	32.9	31.7	
Confused or disoriented residents.	27	45.0	59.3	55.8	
Residents with bed sores.	4	6.7	3.2	4.7	
Residents receiving special skin care.	40	66.7	30.2	24.0	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HOME AT TOPTON

Street Address:		City and State:	
HOME AVE		TOPTON PA 19562	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	229	NON-PROFIT RELIGIOUS	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
221	1	98			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		139	62.9	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		165	74.7	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		132	59.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		156	70.6	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		119	53.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.		101	45.7	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		57	25.8	34.9	37.7
Completely bedfast residents.		2	0.9	2.3	3.4
Residents confined to chairs.		78	35.3	52.1	50.8
Residents requiring restraints.		37	16.7	40.3	41.3
Confused or disoriented residents.		90	40.7	57.4	58.4
Residents with bed sores.		4	1.8	7.8	7.1
Residents receiving special skin care.		121	54.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TORRANCE STATE HOSP LTCU

Street Address:		City and State:	
WISEMAN BLDG		TORRANCE PA 15779	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	134	STATE GOVERNMENT	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	68.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	59.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	53.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	45.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	58.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	24.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	31	31.0	52.1	50.8
Residents requiring restraints.	21	21.0	40.3	41.3
Confused or disoriented residents.	83	83.0	57.4	58.4
Residents with bed sores.	8	8.0	7.8	7.1
Residents receiving special skin care.	53	53.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEMORIAL HOSP INC TOWANDA

Street Address: ONE HOSPITAL DRIVE		City and State: TOWANDA PA 18848	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 44	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
43	0	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	88.4	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		41	95.3	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		38	88.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	88.4	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		38	88.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.		5	11.6	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	20.9	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		8	18.6	52.1	50.8
Residents requiring restraints.		19	44.2	40.3	41.3
Confused or disoriented residents.		29	67.4	57.4	58.4
Residents with bed sores.		3	7.0	7.8	7.1
Residents receiving special skin care.		29	67.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TREMONT NURSING CENTER

Street Address:		City and State:	
44 DONALDSON RD		TREMONT PA 17981	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	1	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	83.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	77.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	70.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	76.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	54.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	48	41.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	37.1	34.9	37.7
Completely bedfast residents.	6	5.2	2.3	3.4
Residents confined to chairs.	52	44.8	52.1	50.8
Residents requiring restraints.	60	51.7	40.3	41.3
Confused or disoriented residents.	53	45.7	57.4	58.4
Residents with bed sores.	16	13.8	7.8	7.1
Residents receiving special skin care.	38	32.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MOSSER NURSING HOME INC

Street Address:		City and State:	
MOSSER RD		TREXLERTOWN PA 18087	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	54	NON-PROFIT OTHER	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	0	1			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		32	60.4	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		47	88.7	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		47	88.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		47	88.7	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	64.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.		47	88.7	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	26.4	34.9	37.7
Completely bedfast residents.		4	7.5	2.3	3.4
Residents confined to chairs.		43	81.1	52.1	50.8
Residents requiring restraints.		27	50.9	40.3	41.3
Confused or disoriented residents.		29	54.7	57.4	58.4
Residents with bed sores.		3	5.7	7.8	7.1
Residents receiving special skin care.		47	88.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRADFORD CO MANOR

Street Address: BOX 161 RD 3		City and State: TROY PA 16947	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 226	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
223	2	198			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		217	97.3	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		202	90.6	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		189	84.8	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		199	89.2	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		169	75.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.		2	0.9	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		89	39.9	34.9	37.7
Completely bedfast residents.		4	1.8	2.3	3.4
Residents confined to chairs.		121	54.3	52.1	50.8
Residents requiring restraints.		46	20.6	40.3	41.3
Confused or disoriented residents.		156	70.0	57.4	58.4
Residents with bed sores.		14	6.3	7.8	7.1
Residents receiving special skin care.		130	58.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARPENTER CARE CTR INC

Street Address: VIRGINIA DR		City and State: TUNKHANNOCK PA 18657	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 124	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
118	7	81			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		91	77.1	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		100	84.7	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		89	75.4	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		96	81.4	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		86	72.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.		3	2.5	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		40	33.9	34.9	37.7
Completely bedfast residents.		1	0.8	2.3	3.4
Residents confined to chairs.		70	59.3	52.1	50.8
Residents requiring restraints.		71	60.2	40.3	41.3
Confused or disoriented residents.		67	56.8	57.4	58.4
Residents with bed sores.		12	10.2	7.8	7.1
Residents receiving special skin care.		48	40.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EPWORTH MANOR

Street Address:		City and State:	
951 WASHINGTON AVE		TYRONE PA 16686	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	102	NON-PROFIT OTHER	08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
95	1	44	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	87.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	87.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	68.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	85.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	27.4	34.9	37.7
Completely bedfast residents.	3	3.2	2.3	3.4
Residents confined to chairs.	57	60.0	52.1	50.8
Residents requiring restraints.	39	41.1	40.3	41.3
Confused or disoriented residents.	73	76.8	57.4	58.4
Residents with bed sores.	3	3.2	7.8	7.1
Residents receiving special skin care.	58	61.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAYETTE HEALTH CARE CENTER

Street Address:		City and State:	
FRANKLIN AVE EXT BOX 30 RD 4		UNIONTOWN PA 15401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
116	7	101			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		89	76.7	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		111	95.7	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		82	70.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	76.7	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		92	79.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.		1	0.9	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		113	97.4	34.9	37.7
Completely bedfast residents.		3	2.6	2.3	3.4
Residents confined to chairs.		106	91.4	52.1	50.8
Residents requiring restraints.		44	37.9	40.3	41.3
Confused or disoriented residents.		50	43.1	57.4	58.4
Residents with bed sores.		8	6.9	7.8	7.1
Residents receiving special skin care.		32	27.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAFAYETTE MANOR

Street Address: RD 4 BX 682		City and State: UNIONTOWN PA 15401	
Participation: MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: NON-PROFIT OTHER	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98		Medicare Residents: 0		Medicaid Residents: 82	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		79	80.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		96	98.0	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		91	92.9	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		97	99.0	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		81	82.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.		36	36.7	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		58	59.2	34.9	37.7
Completely bedfast residents.		6	6.1	2.3	3.4
Residents confined to chairs.		52	53.1	52.1	50.8
Residents requiring restraints.		81	82.7	40.3	41.3
Confused or disoriented residents.		78	79.6	57.4	58.4
Residents with bed sores.		10	10.2	7.8	7.1
Residents receiving special skin care.		29	29.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAUREL HEALTH CNTR

Street Address:		City and State:	
75 HICKLE ST		UNIONTOWN PA 15401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	55	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	87.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	97.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	91.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	77.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	58.3	34.9	37.7
Completely bedfast residents.	2	4.2	2.3	3.4
Residents confined to chairs.	24	50.0	52.1	50.8
Residents requiring restraints.	26	54.2	40.3	41.3
Confused or disoriented residents.	17	35.4	57.4	58.4
Residents with bed sores.	6	12.5	7.8	7.1
Residents receiving special skin care.	17	35.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT MACRINA MANOR NURSING HOME

Street Address: PO BOX 548		City and State: UNIONTOWN PA 15401	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 54	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 5	Medicaid Residents: 6
--	-------------------------------------	-------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	88.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	88.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	79.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	84.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	75.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	30.2	34.9	37.7
Completely bedfast residents.	1	1.9	2.3	3.4
Residents confined to chairs.	18	34.0	52.1	50.8
Residents requiring restraints.	21	39.6	40.3	41.3
Confused or disoriented residents.	32	60.4	57.4	58.4
Residents with bed sores.	5	9.4	7.8	7.1
Residents receiving special skin care.	17	32.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALENCIA WOODS NSG CNT

Street Address: BOX 357 RD 4		City and State: VALENCIA PA 16059	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
72	1	46			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		57	79.2	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		64	88.9	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		58	80.6	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		65	90.3	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	83.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.		1	1.4	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		38	52.8	34.9	37.7
Completely bedfast residents.		1	1.4	2.3	3.4
Residents confined to chairs.		41	56.9	52.1	50.8
Residents requiring restraints.		43	59.7	40.3	41.3
Confused or disoriented residents.		54	75.0	57.4	58.4
Residents with bed sores.		1	1.4	7.8	7.1
Residents receiving special skin care.		13	18.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE WALLINGFORD NURSING & REHAB CTR

Street Address:		City and State:	
115 SOUTH PROVIDENCE ROAD		WALLINGFORD PA 19086	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	207	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
188	2	95			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	128	68.1	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	154	81.9	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	148	78.7	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	73.4	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	121	64.4	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	86	45.7	34.9	37.7	
Completely bedfast residents.	1	0.5	2.3	3.4	
Residents confined to chairs.	81	43.1	52.1	50.8	
Residents requiring restraints.	93	49.5	40.3	41.3	
Confused or disoriented residents.	84	44.7	57.4	58.4	
Residents with bed sores.	15	8.0	7.8	7.1	
Residents receiving special skin care.	82	43.6	34.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTENNIAL SPRINGS HLTH CARE CTR

Street Address:		City and State:	
333 NEWTOWN RD		WARMINSTER PA 18974	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
169	1	139	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	84.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	89.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	138	81.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	81.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	137	81.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	40.2	34.9	37.7
Completely bedfast residents.	6	3.6	2.3	3.4
Residents confined to chairs.	98	58.0	52.1	50.8
Residents requiring restraints.	52	30.8	40.3	41.3
Confused or disoriented residents.	117	69.2	57.4	58.4
Residents with bed sores.	9	5.3	7.8	7.1
Residents receiving special skin care.	112	66.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHRIST HOME RETIRE CTR

Street Address: 1220 W STREET RD		City and State: WARMINSTER PA 18974	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 18	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	Medicare Residents: 0	Medicaid Residents: 11		
--	-------------------------------------	--------------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	15	88.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	52.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	70.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	5.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	35.3	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	7	41.2	52.1	50.8
Residents requiring restraints.	6	35.3	40.3	41.3
Confused or disoriented residents.	14	82.4	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WARMINSTER GENL HOSP SNF

Street Address:		City and State:	
225 NEWTOWN RD		WARMINSTER PA 18974	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	19	NON-PROFIT OTHER	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
13	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	84.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	100	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	69.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	38.5	34.9	37.7
Completely bedfast residents.	3	23.1	2.3	3.4
Residents confined to chairs.	5	38.5	52.1	50.8
Residents requiring restraints.	1	7.7	40.3	41.3
Confused or disoriented residents.	3	23.1	57.4	58.4
Residents with bed sores.	2	15.4	7.8	7.1
Residents receiving special skin care.	6	46.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CENTRAL CARE CTR

Street Address: 121 CENTRAL AVE		City and State: WARREN PA 16365	
Participation: MEDICAID ICF	# of Beds: 48	Type of Ownership: PROPRIETARY	Survey Date: 04/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
47	0	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	74.5	75.5	78.3
Dressing					
Residents requiring some or total assistance in dressing.		41	87.2	77.4	76.7
Toileting					
Residents requiring some or total assistance in toileting.		27	57.4	67.9	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		46	97.9	68.0	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		23	48.9	62.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	10.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	44.7	29.6	29.3
Completely bedfast residents.		0	0.0	2.1	3.6
Residents confined to chairs.		11	23.4	35.3	39.1
Residents requiring restraints.		25	53.2	32.9	31.7
Confused or disoriented residents.		25	53.2	59.3	55.8
Residents with bed sores.		7	14.9	3.2	4.7
Residents receiving special skin care.		8	17.0	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KINZUA VALLEY HLTH CARE

Street Address:		City and State:	
205 WATER ST		WARREN PA 16365	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	111	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
111	4	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	77.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	81.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	79.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	78.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	64.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	35.1	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	69	62.2	52.1	50.8
Residents requiring restraints.	49	44.1	40.3	41.3
Confused or disoriented residents.	73	65.8	57.4	58.4
Residents with bed sores.	16	14.4	7.8	7.1
Residents receiving special skin care.	27	24.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WARREN MANOR INC

Street Address:		City and State:	
682 PLEASANT DR		WARREN PA 16365	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	1	68		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	93.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	85.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	75.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	62.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	21.8	34.9	37.7
Completely bedfast residents.	2	1.7	2.3	3.4
Residents confined to chairs.	78	65.5	52.1	50.8
Residents requiring restraints.	59	49.6	40.3	41.3
Confused or disoriented residents.	66	55.5	57.4	58.4
Residents with bed sores.	6	5.0	7.8	7.1
Residents receiving special skin care.	62	52.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WARREN ST HOSP ICF UNIT

Street Address:		City and State:	
PO BOX 249 ISRAEL BLDG		WARREN PA 16365	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	24	STATE GOVERNMENT	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
18	0	18		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	72.2	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	66.7	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	66.7	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	61.1	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	66.7	62.4	59.1
Residents on individually written bowel and bladder retraining program.	9	50.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	38.9	29.6	29.3
Completely bedfast residents.	0	0.0	2.1	3.6
Residents confined to chairs.	3	16.7	35.3	39.1
Residents requiring restraints.	1	5.6	32.9	31.7
Confused or disoriented residents.	12	66.7	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	3	16.7	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOX NURSING REHAB CTR

Street Address: 2644 BRISTOL RD		City and State: WARRINGTON PA 18976	
Participation: MEDICARE SNF	# of Beds: 43	Type of Ownership: PROPRIETARY	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 0
--	-------------------------------------	-------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%

Bathing					
Residents requiring some or total assistance in bathing.	29	74.4	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	36	92.3	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	32	82.1	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	89.7	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	31	79.5	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	2	5.1	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	9	23.1	34.9	37.7	
Completely bedfast residents.	3	7.7	2.3	3.4	
Residents confined to chairs.	12	30.8	52.1	50.8	
Residents requiring restraints.	15	38.5	40.3	41.3	
Confused or disoriented residents.	18	46.2	57.4	58.4	
Residents with bed sores.	4	10.3	7.8	7.1	
Residents receiving special skin care.	3	7.7	34.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HUMBERT LANE HEALTH CNT

Street Address:		City and State:	
90 HUMBERT LANE		WASHINGTON PA 15301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
114	15	74		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	86.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	89.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	79.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	86.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	73.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	43.9	34.9	37.7
Completely bedfast residents.	4	3.5	2.3	3.4
Residents confined to chairs.	39	34.2	52.1	50.8
Residents requiring restraints.	78	68.4	40.3	41.3
Confused or disoriented residents.	61	53.5	57.4	58.4
Residents with bed sores.	19	16.7	7.8	7.1
Residents receiving special skin care.	58	50.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KADE NURSING HOME

Street Address:		City and State:	
P.O. BOX 1100 1198 WEST WYLIE AVE		WASHINGTON PA 15301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	62	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	35	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	83.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	89.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	49	83.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	72.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	69.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	37.3	34.9	37.7
Completely bedfast residents.	3	5.1	2.3	3.4
Residents confined to chairs.	27	45.8	52.1	50.8
Residents requiring restraints.	27	45.8	40.3	41.3
Confused or disoriented residents.	31	52.5	57.4	58.4
Residents with bed sores.	4	6.8	7.8	7.1
Residents receiving special skin care.	14	23.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

PRESBYTERIAN MED CTR OF WASH PA INC

Street Address:		City and State:	
835 SOUTH MAIN ST		WASHINGTON PA 15301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	159	NON-PROFIT OTHER	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
143	28	61			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		120	83.9	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		127	88.8	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		106	74.1	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		107	74.8	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		97	67.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.		16	11.2	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		55	38.5	34.9	37.7
Completely bedfast residents.		4	2.8	2.3	3.4
Residents confined to chairs.		56	39.2	52.1	50.8
Residents requiring restraints.		38	26.6	40.3	41.3
Confused or disoriented residents.		87	60.8	57.4	58.4
Residents with bed sores.		13	9.1	7.8	7.1
Residents receiving special skin care.		67	46.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WASHINGTON HLTH CNTR COUNTY HM

Street Address:		City and State:	
RD 1 BOX 94		WASHINGTON PA 15301	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	250	LOCAL GOVERNMENT	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
244	6	220		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	203	83.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	221	90.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	199	81.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	194	79.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	212	86.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	100	41.0	34.9	37.7
Completely bedfast residents.	1	0.4	2.3	3.4
Residents confined to chairs.	212	86.9	52.1	50.8
Residents requiring restraints.	129	52.9	40.3	41.3
Confused or disoriented residents.	195	79.9	57.4	58.4
Residents with bed sores.	34	13.9	7.8	7.1
Residents receiving special skin care.	49	20.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

KRAMM NURSING HOME INC

Street Address:		City and State:	
245-47 E 8TH ST		WATSONTOWN PA 17777	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	74	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
69	0	57			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	53	76.8	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	55	79.7	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	51	73.9	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	65.2	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	47	68.1	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	2	2.9	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	29	42.0	34.9	37.7	
Completely bedfast residents.	3	4.3	2.3	3.4	
Residents confined to chairs.	27	39.1	52.1	50.8	
Residents requiring restraints.	19	27.5	40.3	41.3	
Confused or disoriented residents.	36	52.2	57.4	58.4	
Residents with bed sores.	1	1.4	7.8	7.1	
Residents receiving special skin care.	26	37.7	34.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRANITE FARMS ESTATES

Street Address:		City and State:	
1343 W BALTIMORE PIKE		WAWA PA 19063	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	44	NON-PROFIT OTHER	07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
10	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	90.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	90.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	80.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	90.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	70.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	20.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	0	0.0	52.1	50.8
Residents requiring restraints.	2	20.0	40.3	41.3
Confused or disoriented residents.	6	60.0	57.4	58.4
Residents with bed sores.	1	10.0	7.8	7.1
Residents receiving special skin care.	4	40.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYNE NURS REHAB CTR

Street Address:		City and State:	
30 WEST AVENUE		WAYNE PA 19087	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	108	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
104	1	58	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	77.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	81.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	80.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	65.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	76.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	26.9	34.9	37.7
Completely bedfast residents.	2	1.9	2.3	3.4
Residents confined to chairs.	83	79.8	52.1	50.8
Residents requiring restraints.	35	33.7	40.3	41.3
Confused or disoriented residents.	70	67.3	57.4	58.4
Residents with bed sores.	3	2.9	7.8	7.1
Residents receiving special skin care.	12	11.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKLIN CARE CTR

Street Address:		City and State:	
300 CENTER AVE		WAYNESBURG PA 15370	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
106	1	97			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		97	91.5	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		96	90.6	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		86	81.1	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		79	74.5	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		73	68.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		23	21.7	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		59	55.7	52.1	50.8
Residents requiring restraints.		29	27.4	40.3	41.3
Confused or disoriented residents.		64	60.4	57.4	58.4
Residents with bed sores.		16	15.1	7.8	7.1
Residents receiving special skin care.		25	23.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENE COUNTY HOME

Street Address:		City and State:	
RD 2 BOX 60		WAYNESBURG PA 15370	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	111	NON-PROFIT OTHER	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
107	7	88			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		98	91.6	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		104	97.2	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		103	96.3	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		105	98.1	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		89	83.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.		1	0.9	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		58	54.2	34.9	37.7
Completely bedfast residents.		2	1.9	2.3	3.4
Residents confined to chairs.		92	86.0	52.1	50.8
Residents requiring restraints.		74	69.2	40.3	41.3
Confused or disoriented residents.		70	65.4	57.4	58.4
Residents with bed sores.		9	8.4	7.8	7.1
Residents receiving special skin care.		35	32.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARBON CO HOME FOR AGED

Street Address: EVERGREEN AVE		City and State: WEATHERLY PA 18255	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	Medicare Residents: 0	Medicaid Residents: 177
---	-------------------------------------	---------------------------------------

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	66.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	163	81.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	169	84.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	71.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	82.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	12	6.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	104	52.0	34.9	37.7
Completely bedfast residents.	6	3.0	2.3	3.4
Residents confined to chairs.	83	41.5	52.1	50.8
Residents requiring restraints.	80	40.0	40.3	41.3
Confused or disoriented residents.	103	51.5	57.4	58.4
Residents with bed sores.	13	6.5	7.8	7.1
Residents receiving special skin care.	38	19.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROAD ACRES NRS HOME ASSOC

Street Address:		City and State:	
RD 3		WELLSBORO PA 16901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
115	5	85			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		107	93.0	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		95	82.6	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		87	75.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		86	74.8	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	62.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	28.7	34.9	37.7
Completely bedfast residents.		2	1.7	2.3	3.4
Residents confined to chairs.		71	61.7	52.1	50.8
Residents requiring restraints.		31	27.0	40.3	41.3
Confused or disoriented residents.		35	30.4	57.4	58.4
Residents with bed sores.		9	7.8	7.8	7.1
Residents receiving special skin care.		17	14.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARLETON NSG HM

Street Address: 10 WEST AVE		City and State: WELLSBORO PA 16901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 26	Type of Ownership: PROPRIETARY	Survey Date: 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	Medicare Residents: 0	Medicaid Residents: 20		
--	---------------------------------	----------------------------------	--	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	100	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	23	88.5	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	88.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	96.2	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	76.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	34.9	37.7
Completely bedfast residents.	2	7.7	2.3	3.4
Residents confined to chairs.	13	50.0	52.1	50.8
Residents requiring restraints.	10	38.5	40.3	41.3
Confused or disoriented residents.	19	73.1	57.4	58.4
Residents with bed sores.	0	0.0	7.8	7.1
Residents receiving special skin care.	0	0.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREEN HOME

Street Address:		City and State:	
37 CENTRAL AVE - BOX 836		WELLSBORO PA 16901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	122	NON-PROFIT OTHER	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	5	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	88.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	91.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	90.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	90.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	78.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	37.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	68	57.1	52.1	50.8
Residents requiring restraints.	90	75.6	40.3	41.3
Confused or disoriented residents.	85	71.4	57.4	58.4
Residents with bed sores.	7	5.9	7.8	7.1
Residents receiving special skin care.	119	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WERNERSVILLE ST HOSP

Street Address:		City and State:	
		WERNERSVILLE PA 19565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	146	STATE GOVERNMENT	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
145	0	144

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	73.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	62.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	44.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	49.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	57.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	23	15.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	17.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	37	25.5	52.1	50.8
Residents requiring restraints.	14	9.7	40.3	41.3
Confused or disoriented residents.	102	70.3	57.4	58.4
Residents with bed sores.	8	5.5	7.8	7.1
Residents receiving special skin care.	75	51.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WERNERSVILLE ST. HOSP., L T C FACILITY

Street Address:		City and State:	
		WERNERSVILLE PA 19565	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	146	STATE GOVERNMENT	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
145	0	144		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	73.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	62.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	44.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	49.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	57.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	23	15.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	17.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	37	25.5	52.1	50.8
Residents requiring restraints.	14	9.7	40.3	41.3
Confused or disoriented residents.	102	70.3	57.4	58.4
Residents with bed sores.	8	5.5	7.8	7.1
Residents receiving special skin care.	75	51.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRANDYWINE HALL CARE CNTR

Street Address:		City and State:	
800 W MINER ST		WEST CHESTER PA 19380	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
111	1	110		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	66.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	71.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	65.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	61.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	58.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	28.8	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	44	39.6	52.1	50.8
Residents requiring restraints.	8	7.2	40.3	41.3
Confused or disoriented residents.	75	67.6	57.4	58.4
Residents with bed sores.	3	2.7	7.8	7.1
Residents receiving special skin care.	23	20.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POCOPSON HOME CHESTER CNTY

Street Address:		City and State:	
1695 LENAPE RD		WEST CHESTER PA 19380	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	361	LOCAL GOVERNMENT	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
354		0		333	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		318	89.8	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		302	85.3	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		259	73.2	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		277	78.2	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		256	72.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.		3	0.8	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		128	36.2	34.9	37.7
Completely bedfast residents.		6	1.7	2.3	3.4
Residents confined to chairs.		252	71.2	52.1	50.8
Residents requiring restraints.		201	56.8	40.3	41.3
Confused or disoriented residents.		204	57.6	57.4	58.4
Residents with bed sores.		20	5.6	7.8	7.1
Residents receiving special skin care.		102	28.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WEST CHESTER ARMS PENNA INC

Street Address:		City and State:	
1130 WEST CHESTER PIKE		WEST CHESTER PA 19380	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
220	12	167

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	186	84.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	180	81.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	161	73.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	70.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	63.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	2.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	79	35.9	34.9	37.7
Completely bedfast residents.	8	3.6	2.3	3.4
Residents confined to chairs.	35	15.9	52.1	50.8
Residents requiring restraints.	30	13.6	40.3	41.3
Confused or disoriented residents.	34	15.5	57.4	58.4
Residents with bed sores.	30	13.6	7.8	7.1
Residents receiving special skin care.	16	7.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE READING NURSING CENTER

Street Address: 4TH + SPRUCE STS		City and State: WEST READING PA 19611	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
198	2	169			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	127	64.1	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	147	74.2	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	129	65.2	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	54.0	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	128	64.6	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	9	4.5	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	57	28.8	34.9	37.7	
Completely bedfast residents.	5	2.5	2.3	3.4	
Residents confined to chairs.	104	52.5	52.1	50.8	
Residents requiring restraints.	57	28.8	40.3	41.3	
Confused or disoriented residents.	93	47.0	57.4	58.4	
Residents with bed sores.	9	4.5	7.8	7.1	
Residents receiving special skin care.	21	10.6	34.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE VIEW MANOR INC

Street Address:		City and State:	
SWINDERMAN ROAD		WEXFORD PA 15090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	32	PROPRIETARY	01/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
30	0	1		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	23.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	93.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	80.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	80.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	56.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	6.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	33.3	34.9	37.7
Completely bedfast residents.	1	3.3	2.3	3.4
Residents confined to chairs.	6	20.0	52.1	50.8
Residents requiring restraints.	9	30.0	40.3	41.3
Confused or disoriented residents.	18	60.0	57.4	58.4
Residents with bed sores.	5	16.7	7.8	7.1
Residents receiving special skin care.	30	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMPTON HOUSE

Street Address:		City and State:	
1548 SAN SOUCI PARKWAY		WILKES BARRE PA 18702	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	5	70		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	87.0	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	87.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	78.0	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	82.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	72.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	44.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	50	50.0	52.1	50.8
Residents requiring restraints.	38	38.0	40.3	41.3
Confused or disoriented residents.	76	76.0	57.4	58.4
Residents with bed sores.	3	3.0	7.8	7.1
Residents receiving special skin care.	24	24.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE HOUSE

Street Address:		City and State:	
80 E NORTHAMPTON ST		WILKES BARRE PA 18701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT PRIVATE	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
48	0	11		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	64.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	83.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	62.5	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	62.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	47.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	37.5	34.9	37.7
Completely bedfast residents.	5	10.4	2.3	3.4
Residents confined to chairs.	28	58.3	52.1	50.8
Residents requiring restraints.	8	16.7	40.3	41.3
Confused or disoriented residents.	27	56.3	57.4	58.4
Residents with bed sores.	3	6.3	7.8	7.1
Residents receiving special skin care.	5	10.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE FLOWER MANOR OF SCRANTON

Street Address:		City and State:	
200 SOUTH MEADE ST		WILKES BARRE PA 18702	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	133	NON-PROFIT RELIGIOUS	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
133	0	90		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	72.2	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	78.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	74.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	75.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	57.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	68	51.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	36.8	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	86	64.7	52.1	50.8
Residents requiring restraints.	72	54.1	40.3	41.3
Confused or disoriented residents.	83	62.4	57.4	58.4
Residents with bed sores.	11	8.3	7.8	7.1
Residents receiving special skin care.	13	9.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER STREET MANOR NSG REHAB CTR

Street Address: 440 NO RIVER ST		City and State: WILKES BARRE PA 18702	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 12	Medicaid Residents: 63	
---	----------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	58.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	90.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	79.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	78.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	73.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	4.4	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	30.7	34.9	37.7
Completely bedfast residents.	1	0.9	2.3	3.4
Residents confined to chairs.	38	33.3	52.1	50.8
Residents requiring restraints.	32	28.1	40.3	41.3
Confused or disoriented residents.	30	26.3	57.4	58.4
Residents with bed sores.	14	12.3	7.8	7.1
Residents receiving special skin care.	47	41.2	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUMMIT HLTH CARE CTR

Street Address:		City and State:	
50 N PENNSYLVANIA AVE		WILKES BARRE PA 18701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
110	1	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	76.4	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	78.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	89.1	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	72.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	99	90.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	14	12.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	22.7	34.9	37.7
Completely bedfast residents.	3	2.7	2.3	3.4
Residents confined to chairs.	64	58.2	52.1	50.8
Residents requiring restraints.	39	35.5	40.3	41.3
Confused or disoriented residents.	57	51.8	57.4	58.4
Residents with bed sores.	23	20.9	7.8	7.1
Residents receiving special skin care.	22	20.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY CREST NSG HM

Street Address:		City and State:	
1551 EAST END BLVD PLAINS TWP		WILKES BARRE PA 18711	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	384	LOCAL GOVERNMENT	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
381	0	368		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	342	89.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	345	90.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	308	80.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	325	85.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	280	73.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	3.9	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	112	29.4	34.9	37.7
Completely bedfast residents.	11	2.9	2.3	3.4
Residents confined to chairs.	293	76.9	52.1	50.8
Residents requiring restraints.	245	64.3	40.3	41.3
Confused or disoriented residents.	245	64.3	57.4	58.4
Residents with bed sores.	32	8.4	7.8	7.1
Residents receiving special skin care.	381	100	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WYOMING VALLEY HEALTH CARE

Street Address:		City and State:	
101 E MOUNTAIN DR		WILKES BARRE PA 18702	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
113	14	69		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	56.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	78.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	72.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	73.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	63.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	23.0	34.9	37.7
Completely bedfast residents.	2	1.8	2.3	3.4
Residents confined to chairs.	51	45.1	52.1	50.8
Residents requiring restraints.	33	29.2	40.3	41.3
Confused or disoriented residents.	61	54.0	57.4	58.4
Residents with bed sores.	9	8.0	7.8	7.1
Residents receiving special skin care.	30	26.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NRS REHAB CTR-NORTH

Street Address:		City and State:	
300 LEADER DR		WILLIAMSPORT PA 17701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
142	3	77		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	86.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	88.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	78.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	81.0	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	66.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	10	7.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	28.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	100	70.4	52.1	50.8
Residents requiring restraints.	53	37.3	40.3	41.3
Confused or disoriented residents.	99	69.7	57.4	58.4
Residents with bed sores.	6	4.2	7.8	7.1
Residents receiving special skin care.	24	16.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NRS REHAB CTR-SOUTH

Street Address:		City and State:	
101 LEADER DRIVE		WILLIAMSPORT PA 17701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	1	78			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		94	79.0	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		99	83.2	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		83	69.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		91	76.5	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		86	72.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.		4	3.4	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	40.3	34.9	37.7
Completely bedfast residents.		5	4.2	2.3	3.4
Residents confined to chairs.		85	71.4	52.1	50.8
Residents requiring restraints.		63	52.9	40.3	41.3
Confused or disoriented residents.		65	54.6	57.4	58.4
Residents with bed sores.		1	0.8	7.8	7.1
Residents receiving special skin care.		67	56.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE WILLIAMSPORT HOME

Street Address:		City and State:	
1900 RAVINE RD		WILLIAMSPORT PA 17701	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	149	NON-PROFIT PRIVATE	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
145	0	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	45.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	79.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	58.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	55.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	46.2	68.3	68.2
Residents on individually written bowel and bladder retraining program.	12	8.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	24.8	34.9	37.7
Completely bedfast residents.	4	2.8	2.3	3.4
Residents confined to chairs.	40	27.6	52.1	50.8
Residents requiring restraints.	46	31.7	40.3	41.3
Confused or disoriented residents.	43	29.7	57.4	58.4
Residents with bed sores.	2	1.4	7.8	7.1
Residents receiving special skin care.	24	16.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOMESTEAD NSG REHAB CNTR

Street Address:		City and State:	
1113 N EASTON ROAD		WILLOW GROVE PA 19090	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	185	PROPRIETARY	06/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
169	0	61		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	136	80.5	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	147	87.0	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	129	76.3	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	86.4	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	78.1	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	3.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	78	46.2	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	112	66.3	52.1	50.8
Residents requiring restraints.	81	47.9	40.3	41.3
Confused or disoriented residents.	101	59.8	57.4	58.4
Residents with bed sores.	4	2.4	7.8	7.1
Residents receiving special skin care.	23	13.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHURCH OF THE BRETHRAN HOME

Street Address:		City and State:	
1005 HOFFMAN AVE		WINDBER PA 15963	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	147	NON-PROFIT RELIGIOUS	12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
143	0	79			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		134	93.7	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		130	90.9	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		124	86.7	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		121	84.6	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		115	80.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.		1	0.7	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		57	39.9	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		97	67.8	52.1	50.8
Residents requiring restraints.		125	87.4	40.3	41.3
Confused or disoriented residents.		109	76.2	57.4	58.4
Residents with bed sores.		5	3.5	7.8	7.1
Residents receiving special skin care.		81	56.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUGAR CREEK REST

Street Address: RD 2, BOX 80		City and State: WORTHINGTON PA 16262	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 7	Medicaid Residents: 26	
--	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	88.9	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	24.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	88.9	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	86.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	58.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	31.1	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	58	64.4	52.1	50.8
Residents requiring restraints.	73	81.1	40.3	41.3
Confused or disoriented residents.	69	76.7	57.4	58.4
Residents with bed sores.	5	5.6	7.8	7.1
Residents receiving special skin care.	51	56.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTVIEW CONV HM

Street Address:		City and State:	
CHURCH ROAD		WYNCOTE PA 19095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
169	1	118		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	78.7	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	133	78.7	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	71.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	71.6	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	120	71.0	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	30.2	34.9	37.7
Completely bedfast residents.	7	4.1	2.3	3.4
Residents confined to chairs.	91	53.8	52.1	50.8
Residents requiring restraints.	70	41.4	40.3	41.3
Confused or disoriented residents.	116	68.6	57.4	58.4
Residents with bed sores.	14	8.3	7.8	7.1
Residents receiving special skin care.	53	31.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOPKINS NURSING AND REHAB CTR

Street Address:		City and State:	
8100 WASHINGTON LANE		WYNCOTE PA 19095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	04/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
94	6	27		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	79.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	86.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	73.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	68.1	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	71.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	5.3	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	34.0	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	38	40.4	52.1	50.8
Residents requiring restraints.	47	50.0	40.3	41.3
Confused or disoriented residents.	50	53.2	57.4	58.4
Residents with bed sores.	6	6.4	7.8	7.1
Residents receiving special skin care.	29	30.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKS NSG REHAB CNTR

Street Address:		City and State:	
CHURCH ROAD GREENWOOD AVE		WYNCOTE PA 19095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	51	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
49	0	18		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	91.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	91.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	87.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	67.3	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	79.6	68.3	68.2
Residents on individually written bowel and bladder retraining program.	5	10.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	38.8	34.9	37.7
Completely bedfast residents.	1	2.0	2.3	3.4
Residents confined to chairs.	13	26.5	52.1	50.8
Residents requiring restraints.	7	14.3	40.3	41.3
Confused or disoriented residents.	27	55.1	57.4	58.4
Residents with bed sores.	4	8.2	7.8	7.1
Residents receiving special skin care.	14	28.6	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WYNCOTE CHURCH HOME

Street Address:		City and State:	
FERNBROOK + MAPLE AVES		WYNCOTE PA 19095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT RELIGIOUS	03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	22		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	89.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	83.9	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	80.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	76.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	46.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	6	10.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	30.4	34.9	37.7
Completely bedfast residents.	2	3.6	2.3	3.4
Residents confined to chairs.	19	33.9	52.1	50.8
Residents requiring restraints.	22	39.3	40.3	41.3
Confused or disoriented residents.	43	76.8	57.4	58.4
Residents with bed sores.	1	1.8	7.8	7.1
Residents receiving special skin care.	5	8.9	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHESTNUT HILL REHAB HOSP SNF

Street Address:		City and State:	
8601 STENTON AVENUE		WYNDMOOR PA 19118	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	31	NON-PROFIT OTHER	02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
30	1	6			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	4	13.3	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	24	80.0	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	20	66.7	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	18	60.0	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	17	56.7	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	9	30.0	34.9	37.7	
Completely bedfast residents.	0	0.0	2.3	3.4	
Residents confined to chairs.	22	73.3	52.1	50.8	
Residents requiring restraints.	11	36.7	40.3	41.3	
Confused or disoriented residents.	19	63.3	57.4	58.4	
Residents with bed sores.	0	0.0	7.8	7.1	
Residents receiving special skin care.	16	53.3	34.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENACRES IVY HILL NSG REHAB CTR

Street Address:		City and State:	
1401 IVY HILL RD		WYNDMOOR PA 19150	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	3	87		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	93.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	77.6	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	80.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	102	87.9	68.3	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	39.7	34.9	37.7
Completely bedfast residents.	3	2.6	2.3	3.4
Residents confined to chairs.	52	44.8	52.1	50.8
Residents requiring restraints.	34	29.3	40.3	41.3
Confused or disoriented residents.	59	50.9	57.4	58.4
Residents with bed sores.	13	11.2	7.8	7.1
Residents receiving special skin care.	19	16.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEADER NRS REHAB CTR

Street Address:		City and State:	
LINCOLN LANSDOWNE AVES		YEADON PA 19050	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	168	PROPRIETARY	03/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
155	6	38		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	87.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	129	83.2	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	115	74.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	130	83.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	69.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	8	5.2	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	28.4	34.9	37.7
Completely bedfast residents.	1	0.6	2.3	3.4
Residents confined to chairs.	75	48.4	52.1	50.8
Residents requiring restraints.	113	72.9	40.3	41.3
Confused or disoriented residents.	65	41.9	57.4	58.4
Residents with bed sores.	13	8.4	7.8	7.1
Residents receiving special skin care.	74	47.7	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL MANOR NURSING HOME

Street Address: 970 COLONIAL AVE		City and State: YORK PA 17403	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 219	Type of Ownership: PROPRIETARY	Survey Date: 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 206	Medicare Residents: 6	Medicaid Residents: 71	
---	---------------------------------	----------------------------------	--

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	73.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	167	81.1	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	154	74.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	92.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	143	69.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	28.2	34.9	37.7
Completely bedfast residents.	10	4.9	2.3	3.4
Residents confined to chairs.	91	44.2	52.1	50.8
Residents requiring restraints.	84	40.8	40.3	41.3
Confused or disoriented residents.	119	57.8	57.4	58.4
Residents with bed sores.	16	7.8	7.8	7.1
Residents receiving special skin care.	42	20.4	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MANOR CARE OF BARLEY NORTH

Street Address:		City and State:	
1775 BARLEY ROAD		YORK PA 17404	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	151	PROPRIETARY	05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
131	11	10		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	87.8	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	92.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	74.8	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	72.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	57.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	18	13.7	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	43.5	34.9	37.7
Completely bedfast residents.	2	1.5	2.3	3.4
Residents confined to chairs.	29	22.1	52.1	50.8
Residents requiring restraints.	52	39.7	40.3	41.3
Confused or disoriented residents.	84	64.1	57.4	58.4
Residents with bed sores.	7	5.3	7.8	7.1
Residents receiving special skin care.	7	5.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE OF BARLEY SOUTH

Street Address:		City and State:	
200 PAULINE DR		YORK PA 17402	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
94		8		15	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		68	72.3	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		77	81.9	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	71.3	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	73.4	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		54	57.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.		19	20.2	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	22.3	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		59	62.8	52.1	50.8
Residents requiring restraints.		40	42.6	40.3	41.3
Confused or disoriented residents.		43	45.7	57.4	58.4
Residents with bed sores.		6	6.4	7.8	7.1
Residents receiving special skin care.		36	38.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MANOR CARE OF KINGSTON COURT

Street Address:		City and State:	
2400 KINGSTON COURT		YORK PA 17402	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
104	1	10		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	92.3	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	89.4	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	82.7	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	83.7	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	58.7	68.3	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	25.0	34.9	37.7
Completely bedfast residents.	2	1.9	2.3	3.4
Residents confined to chairs.	23	22.1	52.1	50.8
Residents requiring restraints.	32	30.8	40.3	41.3
Confused or disoriented residents.	19	18.3	57.4	58.4
Residents with bed sores.	6	5.8	7.8	7.1
Residents receiving special skin care.	12	11.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARGARET E MOUL HOME

Street Address:		City and State:	
2050 BARLEY RD		YORK PA 17404	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	52	NON-PROFIT PRIVATE	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
52	0	51		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	69.2	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	90.4	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	80.8	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	82.7	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	62.4	59.1
Residents on individually written bowel and bladder retraining program.	15	28.8	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	46.2	29.6	29.3
Completely bedfast residents.	1	1.9	2.1	3.6
Residents confined to chairs.	30	57.7	35.3	39.1
Residents requiring restraints.	9	17.3	32.9	31.7
Confused or disoriented residents.	6	11.5	59.3	55.8
Residents with bed sores.	0	0.0	3.2	4.7
Residents receiving special skin care.	6	11.5	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MISERICORDIA CONV HOME

Street Address:		City and State:	
998 S RUSSELL ST		YORK PA 17402	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	55	NON-PROFIT PRIVATE	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
54	0	11	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	98.1	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	100	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	79.6	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	75.9	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	83.3	68.3	68.2
Residents on individually written bowel and bladder retraining program.	35	64.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	50.0	34.9	37.7
Completely bedfast residents.	1	1.9	2.3	3.4
Residents confined to chairs.	20	37.0	52.1	50.8
Residents requiring restraints.	34	63.0	40.3	41.3
Confused or disoriented residents.	33	61.1	57.4	58.4
Residents with bed sores.	4	7.4	7.8	7.1
Residents receiving special skin care.	13	24.1	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REST HAVEN YORK

Street Address:		City and State:	
1050 S GEORGE ST		YORK PA 17403	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	167	PROPRIETARY	05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
149	9	34		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	90.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	136	91.3	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	124	83.2	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	74.5	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	63.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	10.1	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	36.9	34.9	37.7
Completely bedfast residents.	5	3.4	2.3	3.4
Residents confined to chairs.	72	48.3	52.1	50.8
Residents requiring restraints.	40	26.8	40.3	41.3
Confused or disoriented residents.	50	33.6	57.4	58.4
Residents with bed sores.	14	9.4	7.8	7.1
Residents receiving special skin care.	78	52.3	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YORK COUNTY HOME HOSPITAL

Street Address:		City and State:	
118 PLEASANT ACRES ROAD		YORK PA 17402	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	593	LOCAL GOVERNMENT	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
516	1	515			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	383	74.2	79.6	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	451	87.4	83.9	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	372	72.1	73.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	382	74.0	76.0	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	356	69.0	68.3	68.2	
Residents on individually written bowel and bladder retraining program.	13	2.5	7.4	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	178	34.5	34.9	37.7	
Completely bedfast residents.	0	0.0	2.3	3.4	
Residents confined to chairs.	293	56.8	52.1	50.8	
Residents requiring restraints.	234	45.3	40.3	41.3	
Confused or disoriented residents.	254	49.2	57.4	58.4	
Residents with bed sores.	27	5.2	7.8	7.1	
Residents receiving special skin care.	169	32.8	34.0	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YORK LUTHERN HOME

Street Address: 750 KELLY DRIVE PO BOX 1344		City and State: YORK PA 17404	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 246	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134		Medicare Residents: 0		Medicaid Residents: 46	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		81	60.4	79.6	81.5
Dressing					
Residents requiring some or total assistance in dressing.		90	67.2	83.9	83.2
Toileting					
Residents requiring some or total assistance in toileting.		83	61.9	73.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		87	64.9	76.0	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		89	66.4	68.3	68.2
Residents on individually written bowel and bladder retraining program.		1	0.7	7.4	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	20.1	34.9	37.7
Completely bedfast residents.		0	0.0	2.3	3.4
Residents confined to chairs.		41	30.6	52.1	50.8
Residents requiring restraints.		43	32.1	40.3	41.3
Confused or disoriented residents.		59	44.0	57.4	58.4
Residents with bed sores.		3	2.2	7.8	7.1
Residents receiving special skin care.		131	97.8	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDGEWOOD NSG CNTR INC

Street Address:		City and State:	
PO BOX 277 E MAIN ST		YOUNGSTOWN PA 15696	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	107	PROPRIETARY	03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
99	0	60	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	98.0	75.5	78.3
Dressing				
Residents requiring some or total assistance in dressing.	83	83.8	77.4	76.7
Toileting				
Residents requiring some or total assistance in toileting.	79	79.8	67.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.8	68.0	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	27.3	62.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	10.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	32.3	29.6	29.3
Completely bedfast residents.	5	5.1	2.1	3.6
Residents confined to chairs.	63	63.6	35.3	39.1
Residents requiring restraints.	48	48.5	32.9	31.7
Confused or disoriented residents.	70	70.7	59.3	55.8
Residents with bed sores.	10	10.1	3.2	4.7
Residents receiving special skin care.	35	35.4	30.2	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	2	3.3	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	3	5.0	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	3	5.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	4	6.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	7	11.7	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	5	8.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	2	3.3	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	6	10.0	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	1	1.7	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	1	1.7	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	6	10.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	5	8.3	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	10	16.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	5	8.3	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	0	0.0	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	1	1.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	5	8.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	2	3.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	3	5.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	4	6.7	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	0	0.0	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	10	16.7	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ROUSE WARREN CNTY HM

Street Address:		City and State:	
PO BOX 207 RD 1		YOUNGSVILLE PA 16371	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	179	LOCAL GOVERNMENT	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
176		2		140			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				157	89.2	79.6	81.5
Dressing							
Residents requiring some or total assistance in dressing.				131	74.4	83.9	83.2
Toileting							
Residents requiring some or total assistance in toileting.				115	65.3	73.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				121	68.8	76.0	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				114	64.8	68.3	68.2
Residents on individually written bowel and bladder retraining program.				32	18.2	7.4	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				54	30.7	34.9	37.7
Completely bedfast residents.				0	0.0	2.3	3.4
Residents confined to chairs.				112	63.6	52.1	50.8
Residents requiring restraints.				81	46.0	40.3	41.3
Confused or disoriented residents.				99	56.3	57.4	58.4
Residents with bed sores.				9	5.1	7.8	7.1
Residents receiving special skin care.				81	46.0	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PASSAVANT RETIRE HEALTH CTR

Street Address:		City and State:	
401 SOUTH MAIN STREET		ZELIENOPLE PA 16063	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	184	NON-PROFIT RELIGIOUS	05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
170	3	91	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	70.6	79.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	81.8	83.9	83.2
Toileting				
Residents requiring some or total assistance in toileting.	118	69.4	73.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	68.8	76.0	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	66.5	68.3	68.2
Residents on individually written bowel and bladder retraining program.	15	8.8	7.4	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	35.9	34.9	37.7
Completely bedfast residents.	0	0.0	2.3	3.4
Residents confined to chairs.	76	44.7	52.1	50.8
Residents requiring restraints.	62	36.5	40.3	41.3
Confused or disoriented residents.	118	69.4	57.4	58.4
Residents with bed sores.	7	4.1	7.8	7.1
Residents receiving special skin care.	45	26.5	34.0	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	7	1.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	12	2.1	518	5.5
Each resident is free from mental and physical abuse.	MET	4	0.7	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	30	5.1	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	42	7.2	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	0.7	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	7	1.2	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.3	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	24	4.1	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	49	8.4	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	34	5.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	3.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	55	9.4	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	21	3.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	49	8.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	52	8.9	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	44	7.5	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	102	17.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	5.5	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	11	1.9	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	51	8.7	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	21	3.6	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	6.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	49	8.4	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	66	11.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	60	10.3	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	90	15.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	22	3.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	90	15.4	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

REF

HD 7102 .U5N76 1987/88
Pennsylvania III

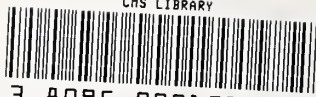
Medicare/Medicaid nursing home
information.

REF

HD 7102 .U5N76 1987/88
Pennsylvania III

Medicare/Medicaid nursing home
information.

CMS LIBRARY



3 8095 00015935 6